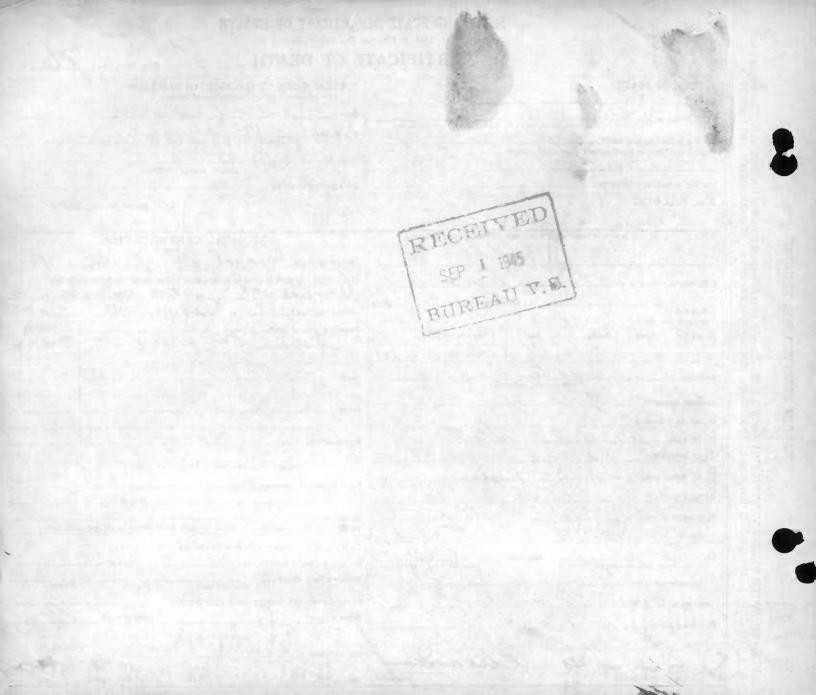
	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? Mospilal, institution, or street address where death occurred;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
54 Cassell IT.	Street No. (If rural, give LOCATION)
How long in hospital or institution?	. 2.(a) It veteran, name war
3. (a) FULL NAME Edward Myen albert	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced with the color of the color	20. DATE OF DEATH Lugust 29 19 45 at //
6.(b) Name of husband or wite	and that I last saw h. Rea alive on
10. Usual occupation	Due to
14. Malden name Aurela Mageria 15. Birthplace Pa	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Miss Mabel R. albert Address 54 Carroll At. Wastnessee ned	Autopsy results
17 Bursel Dale thereof Affit (year) (Bursel, cremation, or removal, Which?) Cemetery or crematury Planage Gull Church (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
18. Funeral director Destruction and Address August Mustan Miss	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? Manual Company of Injured at work?
19. Oato ree'd by registrar) 18. 44 - Almost Registrar) Registrar	23. SIGNATURE M. D. or other

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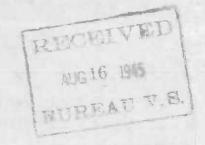
PLAINLY, is especially

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEA Reg. Dist. No 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) n limits, write RURAL and give nearest town (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long to hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 45 7. Birth date of deceased (mo., day, yr.) DURATION Months 8. AGE: Years 11. Industry or business 12, Hame...... 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 14. Malden name. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... (month) (day) (gear Where did injury occur?(City or town) (County) injured at home, farm, industry, public place (where?) Means of Injury



2411 N. Charles St., Baltimore 184

CERTIFICATE OF DEATH

			74
eg.	Dist.	No.	74

Date signed 8/15/45

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
County	State Maryland Coun		eorge's
City or town. Henryton (If outside city or town limits, write RURAL and give nearest town)	Laurel		
How long in above place of death? 2 months, 22 days	(If nutside city or town limits.	write RURAL and give ne	arest town)
Hostitel, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium	Street No. 816 Talbot Av		***************************************
Colored Branch, Henryton, Maryland.	2.(a) tf veteran, name war		
3. (a) FULL NAME		3. (b) Social Security	Number
SAMUEL AMERICA, Samuel		705-07-7	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male colored Married	2D. DATE DF DEATH August 15,	19 45	2.15A
6.(b) Name of husband or wife Florence America	21. I CERTIFY that death occurred on the date above		
55	May 24 19	45 , Aug.,]	L5, 19 45
7. Birth date of deceased (mo., day, yr.) April 27, 1889	and that I last saw h. im alive on Aug	ust 15,	19 45
8. AGE: Years Months Days If less than one day	Immediate cause of death		DURATION
56 3 19hrsmin.	runary ruberc	niosis	
4 3.1		*****	1945
(Tnwn, county, and state)	Due to		***************************************
1D. Usual occupation. Laborer		***************************************	***************************************
11. Industry or business Unknown	Due to		***************************************
Il 12. Name John America	Dither conditions		*
₹ 13. Birthplace Unknown			***************************************
14. Maiden name Hattie Johnson 15. Birthplace Unknown	(Include pregnancy within 3 mo	onths of denth)	
15. Birthplace Unknown	Major findings of operations		
Pouhon Hoffman M D			
	Antupsy results		
Address Henryton, Md.	22. VIOLENCE: tf death was due to external cause		otation and the state of the st
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (yeb)	Accident, suicide, or homicide		
(Burial, cremation, or removal. Which?) Cemetery or crematory.			
New Tolers	Whera did injury occur?		
Location (C)	Injured at home, farm, Industry, public place (when		
18. Funeral director. Callylley Selfey	Means of Injury	Injured at work?	
Address (601 Wash wee Lacerel me		0 2	7
8/15 . 45 allest R Sur 11	23. SIGNATURE	M. D. r	or other
19. 8/15 19 45 (Date rec'd by registrar) Deputy Local Registrar	Address Henryton, Md.	Date signed	8/15/45

Deputy

Henryton, Md.

VS A15

rrect age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CEPTIFICATE OF DEATH

07868

			ATE OF DEATH	Reg. Dist. No	6
City or town(III How long in above pla Hospital, institution,	varroll rinksbur outside city or town lin e of death? 12 or street address where d rinksbu or institution?	g RFD lits, write RURAL and give nearest town) YPS eath occurred:	City or town Finksbur (If outside city or town limi Street No. Deer Pa	f mother) punty Carroll g RFD ts, write RURAL and give nee Ark ROAd re LOCATION)	
	Joseph ue	orge Ballard		3. (b) Social Security 1 214-14-00	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced M		ERTIFICATION	2 30
6.(b) Name of husban 7. Birth date of deceased (mo., day		#lorence Ballard 6.6 Halive, give age 45,	21. I CERTIFY that death occurred on the date at 19 35 19 and that I last saw harmonic alive on	-8-454	1919
8. AGE: Yea	BO 11	Days tf less than one dayhrs.	2 Nypertennic		DUNAL
9. Birthplace	Orange va (Town, C	ounty, and state)	Tye to I Least af Least Due to	uboje	
11. Industry or business 12. Name		sallard	Other conditions		***************************************
14. Malden nam 15. Birthplace		lark	(Include pregnancy within 8		
16. informant Mrs Annie r Ballard Address Reisterstown Md		PHYSICIAN: Please underline the cause to v	Autopsy results	statistically.	
Burial Oate thereof Aug 11 1945 (Burial, cremation, or removal, Which?) Cemetery or crematory Pleasant Hill Cemetery Owings Mills Md			Where did injury occur?(City or town) Injured at home, farm, industry, public place ((County)	(State)
18. Funeral director. Address (Date ree'd by y	wm Berry	man & Sons	Means of Thury 23. SIGNATURE 23. SIGNATURE	Injured at work? Offel M. H.	or other



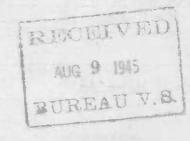
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

Reg.	Diat.	No. 74
*	16	7869

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infente give residence of mother) State Maryland County Garrett City or town Oakland (If outside city or town limite, write RURAL and give neerest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
Josiah Beckman	o. (v) because the state of the
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married 6.(b) Name of husband or wife 3 6.(c) tf alive, give age years	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that lattended deceased from July 12 19. # 5. to May 6. 18. # 5.
7. Birth date of deceased (mo., day, yr.) March 3, 1864	and that I last saw h alive on Wang b 19.
8. AGE: Years Months Days If less than one day A Months Maryland Maryland	Operation of the state of the s
12. Name	Dither conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address Hospital, Sykesville, Md. 17. Address Hospital, Sykesville, Md. 18. Funeral director. Address Galland, Md. Address Galland, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
19. Addid 19 H 5 C. Harry Wille Registrar	Address S. S. Hop. Agher le Ml Bate signed 3-7-45



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) Maryland Baltimore
City or town. Sykesville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 days	State Maryland County Baltimore City or town (If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred: Springfield State Hospital	Street No. 207 Central Avenue
How long in hospital or institution?	2.(a) tf veteran, name war
3.(a) FULL NAME Mary Virginia Belt	3. (b) Social Security Number
4. Sex Female White 6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. August 31 19 45 317:45a N
6.(b) Name of husband or wife George M. Belt	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from August 28 19 45, to Aug. 31 19
7. Birth date of deceased (mo., day, yr.) November 29, 1870 8. AGE: Years Months Days If less than one day 74 9 2 hrs. m	and that I last saw h. S. alive on A. W. a. 3.1
9. Birthplace Maryland (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business	Oue to. generalized or terios chroscis
12. Name. John D. Belt 13. Birthplace Maryland	
14. Maiden name Miriam Ausburn 15. Birthplace Maryland Records of Springfield State	Major findings of operations.
16. Informant	Oate of op
Hospital, Sykesville, Md. Burial (Burial, cremation, or removal. Which?) Bale thereof. Sept. 3, 1945 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Pleasant Grave Location Balto.Co.	
18. Funeral director J.F.Eline & Sons	Means of Injury Injured at work?
Address Reisterstown, Md.	23. SIGNATURE Hehmut Trager 1. D. or other
19. State (Day registrar) 19 45 Chany Chila. Registr	ar Address Springerield State Haspital Date signed 8/31/45

Address Springfield Flete

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BINDING

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

97

			CERTIFICATION.	E OF BEATTI	Reg. Dist. No,	
1. PLACE OF D	Carı			2. USUAL RESIDENCE (HOME) OF D (For newborn infants give residence of mot		
City or town. rural near Sykesville (if outside city or town limits, write RURAL and give nearest town) How long in above place of deeth? 1 yr., 6 mo., 23 days Hospilal, institution, or street address where death occurred: Springfield State Hospital How long in hospital or institution? 1 yr., 6 mo., 23 days			mo., 23 days Hospital	State Maryland County. City or town Silver Springs (If outside city or town limits, w. Street No. 8112 Hartford A (Ifrural, give Lot 2.(a) If veteran, name war.	ite RURAL and give ned	
3. (a) FULL NAM		ris B	erry		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Singi	s, merried, widowed, or divorced	MEDICAL CER	TIFICATION	
male	white		married	20. DATE OF DEATH. August 27	19. 45	,at 4:05&
	or wife. Tina yr.) unknown	6.(c) It alive, give ageyears	21. I CERTIFY that death occurred on the date above s April 27 19 44 and that I last saw h. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 10 August 1st 26	27 ₁₉ 45 19 45
8. AGE: Year 69 (?)		Days	It less than one dayhrsmin.	Arteriosclerosis		4 years
10. Usual occupation. 11. Industry or busine	Furrier	n	Poland state)	Due to	•••••	
14. Maiden name	1 7	C .		(Incinde pregnancy within 3 mont		
Address Syk 17 Charles Syk (Burial, cremation	esville,	Mary 1	ent 28 945 (grouth) (day) (year)	Antopsy results PHYSICIAN: Please underline the cause to which 22. VIOLENCE: If death was due to external causes, Accident, suicide, or homicide	death should be charged fill in the following;	statistically.
	ashing !	1	200	Where did injury occur?(City or town) Injured at home, farm, industry, public place (where		
Address // O	2. N. C. sh. D. 22 19.45 egistrar)	hand C.	Massy West	Means of Injury Robert Bertrand May, 23. SIGNATURE Robert Betra Springfield State Ho Address Sykesville, Maryl	and May	MD, or other 8-27-45

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecially important. Physicians: please write the causes of death clearly and legibly. PLEASE NS

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2411 N. Charles St., Baltimore /3

correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

VS A15

CERTIFICAT	TE OF DEATH Reg. Dist. No. 74
1. PLACE OF DEATH: CountyCarroll City or townHenry ton (If outside city or town limits, write RURAL end give nearest town) How long in above place of death?lmo, 14 days. Hospital, insiliution, or streel address where death occurred: Maryland T.B.Sanatorium(Colored) How long in hospital or institution?Same as above.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State
3.(a) FULL NAME AUBREY HIX CANNON	3. (b) Social Security Number 213-22-8135
4. Sex NALE 5. Color or race COLORED 6.(a)Single, married, widowed, or divorced SINGLE	MEDICAL CERTIFICATION 20. DATE OF DEATH AUGUST 12 19 45 at 6:00 A
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Bays If less than one day 38 9. Birthplace	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JUNE 28 19 45 to AUG. 12 1945 and that I last saw h im alive on AUG. 12 1945 Immediate caose of death DURATION PULMONARY TUBERCULOSIS DEC. 4 Due to.
12. Name ALBERT CANNON 13. Birthplace PRESTON, MD. 14. Maiden name ESTHER HORNER 15. Birthplace FEDERALSBURG, MD.	Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant REUBEN HOFFMAN, MD. Address HENRYTON, MD. 1 Description of removed Which?) Cemetery or crematory Connection (day) (yeer) Location Control of the Control	Actopsy results. PHYSICIAN: Please coderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (Connty) (State) Injured at home, farm, industry, public place (where?) Maens of injury injured af work? 23. SIONATURE HENRYTON, MD a Date signed 8-12-45

AUG 17 1945 BUREAU V:S. MARGIN RESERVED FOR BINDING

A15 NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (232)

07873

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County			10 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufauts give residence of mother) State Maryland County Carroll City or town rural near New Windsor (If outside city or town limits, write RURAL and give ness Street No. (If rurai, givo LOCATION)	rest town)
3. (a) FULL NAI		011 011 0	3 10 4430	2.(a) If veteran, name war	
3. (a) FULL NAP		laren	ice Edward Canti	well 3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	white		single	20. DATE DF DEATH August 19 19 45	, 11:45 P
		6,	(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended dece January 11 19.45 Aug. 19.45 Aug. 19.45 Aug. 19.45 Aug. 19.45 Aug. 19.45	ased from
8. AGE: Yea		Days	I If less than one day	Immediate cause of death	DURATION
62	10	1	hrsmln.	Cerebral thrombosis	48 hrs.
10. Usual occupation	Laborer ss Agricul	ture	twell	Due to. Due to. Differ conditions Psychosis with cerebral	
12. Name	_	0	()	enteniogalanceia	2 yrs.
14. Maiden name 15. Birthplace 18. Intermant Spr	Sarah Gré	en Lau State	A Hosp. records	(luclude pregnancy within 8 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged	
(Burial, crematic Cemetery or crema Location	on, or renoval. Which?	Date there	reo Perg 22 - 1945 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)

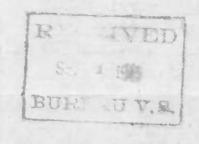


2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

07874

	CERTIFICA	Reg. Diat. No. 74
	1. PLACE OF DEATH: County. Carroll City or town. Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 yrs. 5 Mo's, 8 days Hosnila, institution, or sivest address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infauts give residence of mother) State Maryland County City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1308 E. Eager St. (If rural, give LOCATION) 2.(a) If veteran, name war.
	3. (a) FULL NAME MANNING CANTY	3. (b) Social Security Number 249-24-7683
	4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	male colored married	20. DATE OF DEATH. August 27, 19 45 3.00P M
	6.(6) Name of husband or wife. Marie Canty 8.(c) If allve, give age 23 yeare 7. Birth date of deceased (mo., day, yr.) July 4, 1920	
	8. AGE: Years Months Days If less than one day 25 1 23	Pulmonary Tuberculosis Duration 1-6-43
	9. Birthplace	Due to
	14. Malden name. Sophie Osbourne 15. Birthplace Unknown	(Include pregnancy within 8 months of death)
	15. Birtholace Unknown	Major findings of operations
	Reuben Hoffman, M. D.	Autopsy results
	17. Burial, cremation, or remoyal. Wheely) Cemetery or cremator. Location Hear Canadaw, C. C.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
1	18. Funeral director Address Address 19. 8/27 19. (Date ree'd by registrar) 19. Registrar	23. SIGNATURE Couley African D. M. D. or other Henryton, Md. Date signed 3/27/45





WITH UNFADING INK. Supply every item of information carefully. The corimportant, Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, is especially

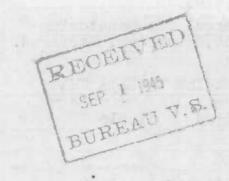
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

EDTIFICATE OF DEAT

07875 Reg. Dist. No. 74

CERTIFICAT	E OF DEATH Reg. Diat. No. 74	0 0 0 00
1. PLACE OF DEATH: County. Carroll City or town Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 4 days Hespital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Penryton, Maryland. How long in hospital or institution? 3. (a) FULL NAME CATHERINE CECELIA CHASE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Charles City or town Wladorf (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female colored single	20, DATE OF DEATH EUgust 29, 19 45 at 1.45	PM
6.(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) October 13, 1929	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from August 25, 1945, Aug., 29, 194 and that I last saw her alive on August 29, 19	5 45
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis Apri	
15 10 . 16hrsmin.	Pulmonary Tuberculosis Apri 1945	
9. Birthplace Waldorf, Md. (Town, county, and state)	Due to	*************
10. Usual occupation Scholar 11. Industry or business at school	Due to	
William Chase 12. Name William Chase Germantown, Md.	Other conditions	1**********
	(Include pregnancy within 3 months of death)	
	Major findings of operations.	
15. Birthplace Waldorf, Md. Reuben Hoffman, M. D.	Date of op.	*********
To, mornant	Autopsy results	
Address Henryton, Md. 17. (Burial, cremation, or removal Whileha) Cemetery or crematory. Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Location Haldard and	Injured at home, farm, industry, public place (where?)	
New H A March	Meens of Injury Injured 2t work?	
18. Funeral director Address Waldow J. M. J	23. SIGNATURE Received An fruan m. D. or other	/ . =
19. 8/29 19. (Date rec'd by registrar)	Address Henryton, Md. Date signed 8/29	/45



DING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B.C.

07876

		~~	CERTIFIC	ATE OF DEATH Reg. Diat.	No. 74
How long in above place Mospital, institution, of	outside city or town I se of death?	death occurred	URAL and give nearest town) 4 days Sanatori um on, Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	give nearest town)
3. (a) FULL NAM		N JONE	S CHAVERS	3. (b) Social S 577-03	ecurity Number
4. Sex male	colored		married, widowed, or divorced	MEDICAL CERTIFICATION ALGUST 27, 19	10
	yr.) Apri) If alive, give agey 1903 It less than one day	ears 21. I CERTIFY that death occurred on the date above stated; that I atter July 23, 19 45 to August 27, end that I tast saw h alive on August 27, Immediate cause of death Pulmonary Tuberculosis	., 27, ₁₉ 45
11. Industry or busine	Lynchbu (Town, Presser	county, and s		Due to	
12. Name	James F Lynchbu Lucy W: Lynchbu	irg, N	. C.	(Include pregnancy within 3 months of death) Major findings of operations	
16. Interment Address 17	Henryte	on, Md	ot 9-/- 45 (month) (day) (year)	Antopsy results. PHYSICIAN: Please underline the cause to which death should be 22. VIOLENCE: It death was due to external causes, fill in the followin Accident, suicide, or homicide. Where did injury occur? (City or town) (County)	charged statistically. Ig; 0t
18. Funeral director Address / 33 19. 8/27 (Date ree'd by r	7-/087 27-/087 egistrar)	MMay My Milly Deputy	Not b. le.	Injured at home, farm, Industry, public place (where?) Means of injury Injured at we are a second at the second	ork? D. D. M. D. or other

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WRITE PLAINLY, WITH UNFADING INF. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

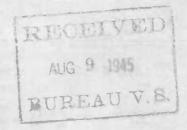
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30)



Par Dist	U	1877
D - D	N-	14

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboro infarts give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest towo)
Spring filled tall Dorfulaj	Street No
How long in possital or instillution?	2.(a) If veteran, name war
3. (a) FULL NAME Gerda Hertrude	Claus 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Widowed Widowed	20. DATE DE DEATH. AND 5 Th. 1945, 216-48 1
6.(b) Name of husband or wife	21. I CERVIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) And Oth. 1878	and that I last saw hold allive on
8. AGE: Years Months Days If less than one day	Immediate cable of death
67 3, 29	. Carennyme intention
9. Birthplace (Toyn, conty, and state)	Due to the Line of the Line
Men slinger.	Derefor Coll
11. Industry or businesses	Due to Careensma J Julian, Du 94
= 12, Name Sully Schoung	Bither condition of sent sent and continue willers in
12. Name Sally Change 13. Birthplace Many stand	(Incinde pregnancy within 3 months of death)
# 14. Malden name Harly Salchow	Major fiadings of operations
14. Malden name of Delichard 15. Birthhade	major nadings or operations
16. Informat Har Gazett Seruple Cheer	Antopis results have + lungs
Address 70 B Dittimes are Bal	PHYSICIAN: Please nationalise the cause to which death should be charged statistically.
A 10 1 Due \$ 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or remova). Which?) Date thereof from the day (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Ballo July	Injured at home, farm, Industry, public place (where?)
18. Funeral director Mildianais Cook Suc	Means of injury Injured at work?
Address 1217 St Tauch Lt.	23. SIGNATURE M. D. of other
19. Oate pe'd by registrar) Registra	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1



ADLEG INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF

VS A15

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore B.

07878

CERTIFICATE OF DEATH

71

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 months, 14 days Hospital, institution, or streel address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Maryland How long in hospital or institution?	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1012 Vine Street (If rural, give LOCATION) 2.(a) If veleran, name war.		
3. (a) FULL NAME MARY VIVIAN CORB	3. (b) Social Security Number 217-14-6176		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female colored married (sep.)	20. DATE OF DEATH August 31, 19. 45 of 3:25P		
6.(b) Name of husband or wife. Homer Corbin 7. Birth date of deceased (mo., day, yr.) December 3, 1920	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 17, 19. 45 and that I last saw h eralive on August 31, Immediate capes of death		
8. AGE: Years Months Days If less than one day 24 8 28 hrsmin.	Immediate cause of death DURATION Pulmonary Tuberculosis March 23 1945		
9. Birthplace	Due to		
15. Birthplace South Carolina 16. informant Reuben Hoffman, M.D.	Antopsy results		
Address Henryton, Maryland 17 Durited Bate thereof. Stat 6# 1945 (Burial, cremation, or removal. Which it is month) (day) grar) Cemetery or crematory. Which it is memorial Fark. Location. White Mg. Location. Maryland Memorial Fark. 18. Funeral director. Maryland Address 322 M Schweller St. 19. Aug. 31, 19 45 Albertal School (Date ree'd by registrar) Deputy Loca Registrar	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide		



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MARYLAND STATE DEPARTMENT OF HEALTH

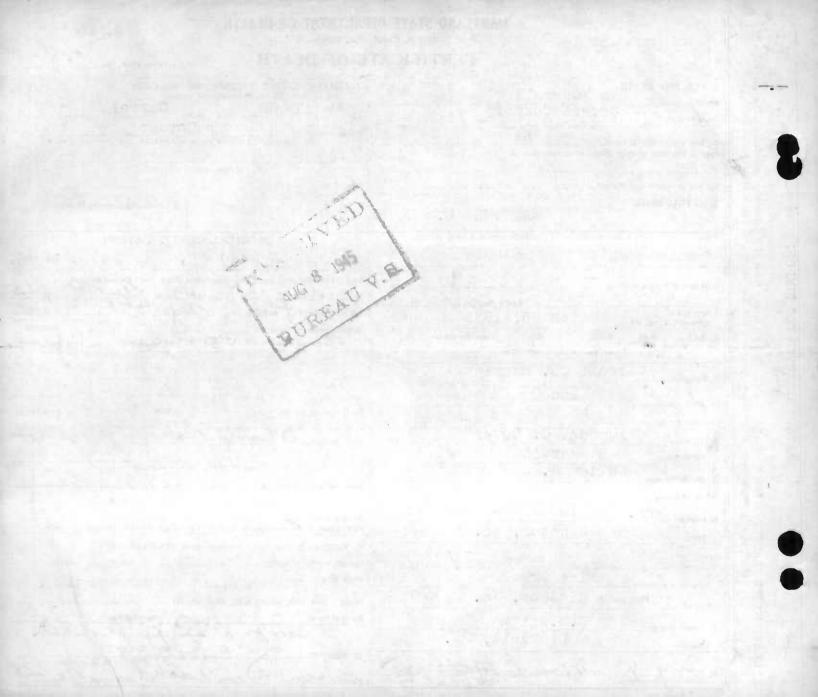
2411 N. Charles St., Baltimore 48-a

CERTIFICATE OF DEATH

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Reg. Dia	. No

1. PLACE OF DEATH: Coucly	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Carroll City or town Covers Corner (If outside city or town limits, write RURAL and give nearest town) Street No		
3. (a) FULL NAME BLANCHE E. COVER	3 (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH AUGUST 2, 19 45 at 1; 10A; M		
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4.3. to		
8. AGE: Years Months Days If less than one day 7	Immediate cause of death DURATION Course + Prayars year		
9. Sirihpiace	Due to.		
12. Name Columbus C. Cover Maryland	Other conditions Dia befor #yers		
Julia A. Cashour 14. Maiden name. Julia A. Cashour Maryland Mrs. Bessie Brown-Braungart	(Include pregnancy within 3 months of death) Major findings of operations		
Address New Windsor, Md. Burial 8-5-45 (Barial, cremation, or removal. Which?) Pipe Creek cemetery or crematory Pipe Creek location New Windsor, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
18. Funeral director C.M. Waltz Address Winfield, Md. 19. Aug 4 19 45 & M. Fayver	Means of Injury Injured at work? 23. SIGNITURE M. D. or other M. D. or other M. D. or other M. D. or other		



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1 3	10	٧,	0	()	U
1 3	. Diat		, .	1	74

Injured at work?

M. D. or other

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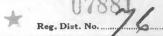


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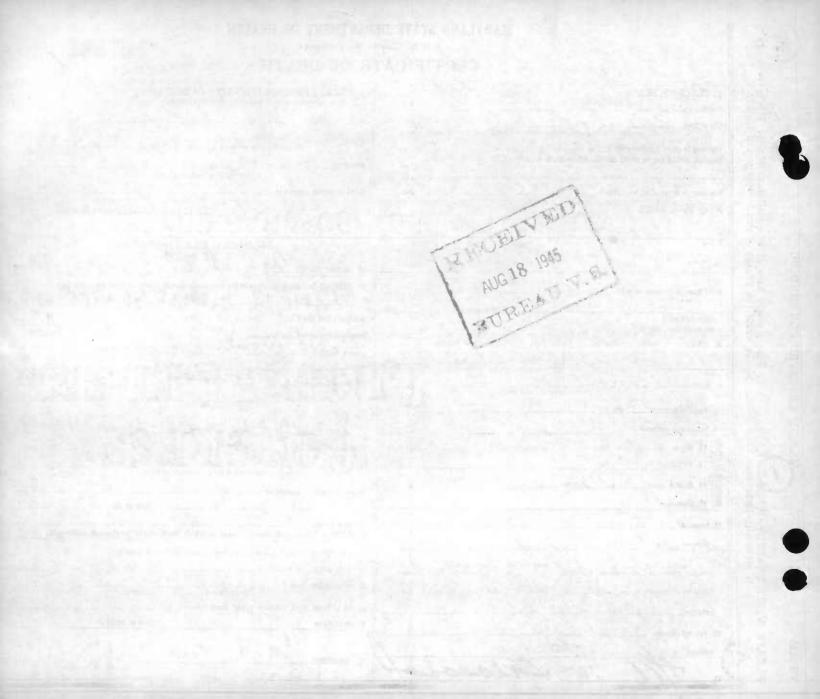
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (24-6)

CERTIFICATE OF DEATH



	Reg. Dist. No	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Land City or town limits, write RURAL and give nearest town) How long in above place of death? So Man: Hospital, institution, or street address where death occurred:	City or town /// /A/M////////////	
How long in hospital or institution?	2.(a) It veteran, name war.	
3. (a) FULL NAME Conna Mary alice Dut	3. (b) Social Security Number There	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Wildow	MEDICAL CERTIFICATION 20. DATE OF DEATH CLIQUE 15 19 4 1 5 7.	
6.(6) Name of husband or wife. Construction Statistics	21. CERTIFY that death occurred on the date above stated: that attended decasted from	
7. Birth date of deceased (mo., day, yr.) Queg. - 1865 8. AGE: Years Months Days If iess than one day hrs	Impediate cause of death 3 Donaho Precessores - 3 day	
9. Birthplace Last of Co. (Town, county, and state)	Due to acute Pronchetes / WERK	
10. Usual occupation. Jane. 11. Industry or business 12. Name. Wilhimma F. Mark.	The Stypersopher learnes 1 year	
E 13. Birthplace Pa.	(Include pregnancy within 3 months of death)	
14. Maiden name	Major findings of operations	
Address //4 Penn. av. Westminster, Md.	Autopsy results	
(Burial, cremation, or removal. Which?) Cemetery or crematory Land Saland Sal	Accident, suicide, or homicide	
Location was transmission M.A. 18. Funeral director L. H. Bunkard L. Son	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	
Address Wispininster, md	23. SIGNATURE Sheefu Box (M.D. or other.	
19. (Date reg or by registrar) Reg ist	1 20 0 0.66	



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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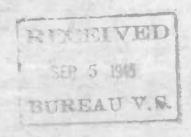
1	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	State Maryland County Frederick
City or town (If outside city or town limits, write RURAL and give nearest town)	28: B. J. B. I
How long in above place of dealh?	(If outside city or town limit, write RURAL and give nearest town)
nospiral, institution, or street address where death occurred:	Street No. Plante /
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Usher Joseph Ceiler	705-14-0310
4. Sex 5. Folor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE OF DEATH awquet 20 1945 ,12:15P
8.(b) Namo of husband or wife Many C Elex	21. I CERTIFY that death occurred on ho date above stated; that t attended deceased from
S.(c) If allvo, give age years	19, to
7. Birth date of deceased (mo., day, yr.) Folyman 23-1883	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION DURATION
62 5 26min.	
9. Birthplace Frederick Co Manyland	Due to
(Town, county, and state)	
· Ab 0/	Duo to
11. Industry or business farming - Startered	
12. Name Charles Ut Eller	Other conditions
	(Include pregnancy within 3 months of death)
5	Major findings of operations. 2000
-:0	Oato of op.
16. Informant Chales on Elec	Autopsy results
Address Slinn Budge Moyland	22. VIOLENCE: If death was due to external causes, fill in the following:
Bate thereof Dages 2 2 - 19 Y S (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemotery or crematory 91th Stree Constany	Where did injury occur? (City or town) (County) (State)
Location Woodshop maybe Q	Injured at home, farm, industry-public place (where?)
Ox 0/. H1 = 01	Means of Injury Injured at work?
18. Funeral director D.D. Harry Same	or of Deputy Medica
Address Shin Bulle & Herr Window My	23. SIGNATURE acceled / March Crawne
(Date read by registrar) (Date read by registrar) (Date read by registrar)	Address Westurnester Me Bato stand \$ 20/45

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correct age

PLEASE WRITE PLAINLY, WITH UNPADING INK. Supply every item of information carefully. The

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ETTAIN TO TO SUPPLETO

2411 N. Charles St., Baltimore

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CERTI	IFICATE OF DEATH Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Carroll	Tred Deaking
y or fown	State County County
ow long in above place of death? 15 yrs - 9 days	City or town
ospital, Institution, or street address where deathroccurred:	Street No. 2714 Barronwood St.
Spring field Stale Hospital	(If rural, give LOCATION)
low long in hospital or Institution? 15 45 - 90 alugs	2.(a) If veteran, name war
3.(a) FULL NAME WILLIAM EVA	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or div	MEDICAL CERTIFICATION
$M \mid W \mid S$	20, DATE DF DEATH Chiquest 15 19 45, at 6.
	20. DATE DF DEATH 19
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) July 6, 1898	
8. AGE: Years Months Days If less than one day	Julianay Justiculoses 13
47 / 9hrs	min.
9. Sirthplace Mary C	and Due to
(Town, county, and state)	900 IV
1D. Usual occupation. Lattorier.	Dire to
11. Industry or busings	
# 12. Name Kennert Thomas Evan	S) Other conditions
12. Name Rennert Thomas tevan 13. Birthplace Md.	
	AChts of Welling Minchin 3 months of death)
	Major fiadings of operations
15. Birthplace Mu.	T + Date of op.
18. Informant Could of Spunfield S	tate Autopsy results. None
Address Aportal Sukeapile, m	PHYSICIAN: Please underline the cause to which death should be charged statistically
17 Quial Date thereof Qua . 7. 1	4 4 5 22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremntion, or removal. Which?) Date fhereof	Accident, suicide, or homicide
Cemetery or crematory Caxicaral	Where did injury occur?
Location Ballineare	Injured at home, farm, Industry, public place (where?)
DI= Wied aleld	Means of Injury Injured af work?
18. Funeral director.	161. 15 1/
Address 414 greenmound one	23. SIGNATURE Collivard J. Kerman
19. 8/12\ 19.45 Aut	Servine De de 8.11.
(Date red'd by registrar)	Registrar Address Date signed Date signed

1621 Lamont ave.

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MARYLAND STATE DEPARTMENT OF HEALTH

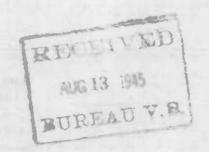
age	2411 N. Charl	les St., Baltimore (330)
rrect a	CERTIFICAT	TE OF DEATH Reg. Dist. No. 24
information carefully. The corr of death clearly and legibly.	I. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town. (If outside bity op yown limits, write RURAL and give nearest town) Street No. 24 (If rurai, give LOCATION)
clon cle	How long in hospital or institution? The type of a tree of the total the tree of the tree	
ormat deat1	3. (a) FULL NAME E //2	3. (b) Social Security Number
inf	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
causes	Leude white widow	20. DATE OF DEATH AUGUST 10 19 47 5 21 18 A.
UNFADING INK. Supply every it tant. Physicians: please write the	8. (c) Halve, gire age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace (Town, county, and state) 10. Usual occupation (Town, county, and state) 11. Industry or business	21. I CENTIFY that death occurred on the date above stated: that I attended deceased from 19. 3.5. to 18. 4.5. Immediate cause of desth DURATION
WITH	15. Birthplace Occeptors Mal	Date of op.
WRITE PLAINLY, W	18. Informant Address Address 17. Characteristics of the second of th	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
NE NE	Location Delastification of the second	Injured at home, farm, Industry, public place (where?) Means of Injury tnjured at work?
H	18. Funeral director Justok Weinles Sous	Means of Injury Injured at work?
03 6		7. 7. //~ //

19. (Date red d by registrar)

19. (Date red d by registrar)

Registrar

Address



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

CERTIFICATE OF DEATH

Reg. Dist. No...

The state of the s		
1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. Henryton	State Maryland County Howard	
(If outside city or town limits, write RURAL and give nearest town)	City or town Elkridge (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 1 month, 8 days	(If outside city or town limits, write RURAL and giva nearest town)	
lospital, institution, or street address where death occurred: Sanatorium	Street no	
Colored Branch, Hemryton, Md.	(If rural, give LOCATION)	
3. (a) FULL NAME		
LONNIE FRANKLIN, JR.	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male colored single	20. DATE DF DEATH August 20, 1945 at 2.401	
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(b) Name of husband or wife	July 12. 19 45 to Aug. 20, 19 4	
7. Birth date of	and that I last saw him alive on August 20, 19 4	
deceased (mo., day, yr.) September 3, 1933	Immediate cause of death	
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis May	
11 11 17hrsmin.	1945	
9. Birthplace Baltimore, Md.	Due to	
(Town, county, and state) 10. Usual occupation Scholar		
	Due to	
11. Industry or business at school		
Lonnie Franklin, Sr. 12. Name Barnesville: S.C.:	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Annie Hallingquest 15. Birthplace South Carolina	Major findings of operations.	
\$ 15. Birthplace South Carolina	Date of op.	
16. Informant Reuben Hoffman, M. D.	Autopsy results.	
Address Henryton. Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
1 1 : D B 22 45	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematogy MU 15 000 Cem -	Where did injury occur?	
Location landedoven:	Injured at home, farm, Industry, public place (where?)	
an Katiak William	Means of injury Injured at work?	
18. Funeral director	7	
Address SLL W Schrader St	23 SIGNATURE Ceubey Hoffman m.D.	
10 8/20 1945 Albert R. Swantha	M. D. or other	
(Date rec'd by registrar) Deputy Local Registrar	Address Henryton, Md. Date signed 8/20/4	

RECEIVED

AUG 24 1915

BUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Carroll	State Maryland County Carroll		
City or town			
How long in above place of death?50	City or town		
Hospital, Institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
George B.Frock	none		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M Widower	20. DATE OF DEATH Que 2 3 19.45 at 5: 30 A		
	21. I CERJIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife	aug 20 1945 10 aug 23 1945		
7. Birth date of	and that I last saw h circ all ye on Quantum 22 2 19 45		
deceased (mo., day, yr.) Feb. 27.1870	Immediate cause of death OURATION		
8. AGE: Years Months Days If less than one day	Bruchopurmania 2 day		
75 2 27hrsmin.			
a Pinthalasa Mid	Que to Cesthera 10 day		
9. Birthplace			
10. Usual occupation	Out to Clave Bronchitis 10 day		
11. Industry or business			
E 12. Name John W. Frock	Other conditions Chronic My according 5 yrs		
13. Birthplace Md.			
	(Include pregnancy within 3 months of death)		
	Major findings of operatioos		
	. Date of op.		
16. Informant Mrs. Upton Dayhoff	Autopsy results		
Address Taneytown, R.D.			
	22. VIOLENCE: If death was due to external causes, fill in the following;		
	Accident, suicide, or homicide		
Cemetery or crematory Keysville	Where did injury occur?		
Location Keysville, Md.	tnjured at home, farm, Industry, public place (where?)		
18. Funeral director	Meens of Injury Injured at work?		
Address Taneytown, Md.	or courses R. S. Mc Vaugh M.D.		
- The second	23. SIGNATURE M. D. or other		
19. Out 15: 19 45 Wills M Mehry (Date rec'd by registrar) Registrar	Address Taneytown, had . Date signed lung 24,1		

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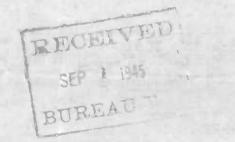
			CERTIFICA	TE OF DEATH	Reg. Diat. No	
1. PLACE OF DEAT	H: Carr	077		2. USUAL RESIDENCE (HOME) OF (For newborn Infants give residence of n	DECEASED:	
County		State Mary land County				
City or town. "Ural near Sykesville (If outside city or town limits, write RURAL and give nearest town)		Rollimone Oit	**			
How long in above place of	How long in above place of death? 8 yr., 3 mo., 18 days		City or town Baltimore Cit. (If outside city or town limits.	y write RURAL and give nea	rest town)	
Hospital, institution, or str	eet address where	death occurre	ed:	Street No.		
			Hospital	(If rural, give I		
How long in hospitat or in	stitution? 8	r., 5	mo., 18 days	2.(a) If veteran, name war		
3. (a) FULL NAME		4	andiner		3. (b) Social Security	Number /
4. Sex 5	. Color or race	6.(a)Sing	rle, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male	white		single			1.50n
2244	***************************************	1	22.0	20. DATE OF DEATH August 29	1920	" - TOOP.
6.(b) Name of husband or	wife	• • • • • • • • • • • • • • • • • • • •		21. I CERTIFY that death occurred on the date above	e stated; that I attended decea	esed from
		S.	(c) If alive, give ageyears	19	, 10	19
7. Birth date of deceased (mo., day, yr.)	March		and the state of t	and that I last saw halive oo		19
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death Arteriosclerosis		9 yrs.
64	5	17	hrsmin.	AltellogClelogia		3 310.
		1 -1				•••••
9. Birthplace	(Town.	connty, and	Marylar Marylar	Due to	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****
10. Usual occupation						
			·	Due to	***************************************	
11. Industry or business	Compain	0.00		The sign of the si	aide marche	
12. Name John 13. Birthplace	Gardin	er_	No and a mile	Other conditions Manic-depres	aire payeno	10
				sis, manic type (Include pregnancy within 3 m	onths of death)	18 years
14. Malden name. Na	artha R	ay				
14. Malden name. M.S. 15. Sirthplace			Maryland	Major findings of operations.		
Spring	rfield	State	Hosp. records			*******************************
				Autupsy results		statistically.
AddressSykesv	TILLE,	mary 1	and part a said	22. VIOLENCE: tf death was due to external caus	es, fill in the following:	
17. (Burial, eremation, or	L	Date the	(month) (day) (year)	Accident, suicide, or homicide		
	1.1 11	7	(month) (day) (year)			
Cemetery or crematory	lule	00		Where did injury occur?(City or town)		
Location Cecu	lleve	LLR.	no,	Injured at home, farm, industry, public place (who		
18. Funeral director	Garte	no &	9200.	Means of Injury	Injured at work?	_
0	01,10-	:000	20	V o A	1 101-8	1.12
Address	man	uc,		23. SIGNATURE CALLES 1 Mora	" While the	Mar afterno
19. Meg 30	19.45	C	Horry Well	S Westminte The	Pote simed	129/41

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19. Acc 30 19 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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correct age

UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly.

important.

WRITE PLAINLY, is especially

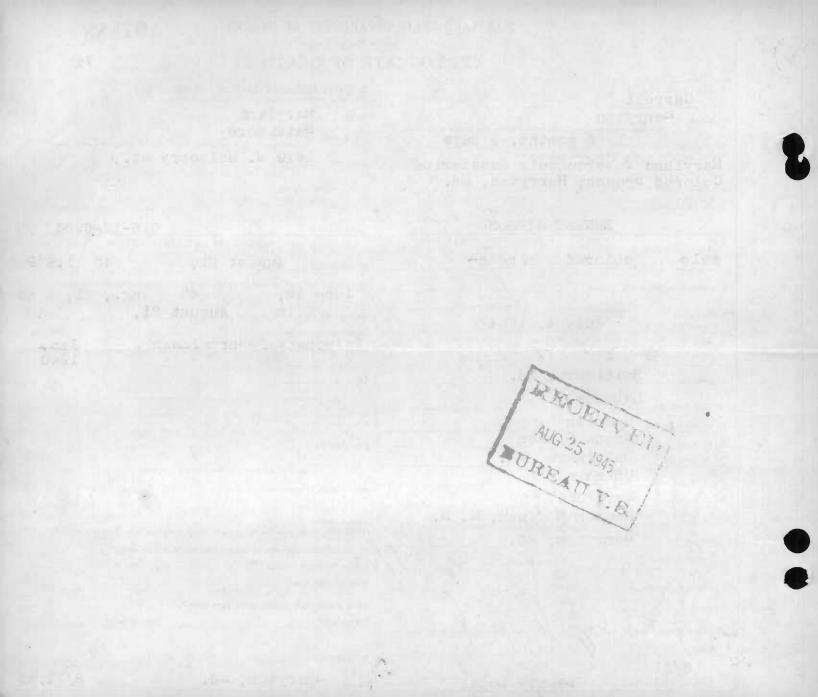
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2411 N. Charles St., Baltimore

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			CERTIFICA	IE OF DEATH	Reg. Diat. No	/\$
1. PLACE OF DEA	ТН: 11			2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	mother)	8
City or town hen	or town (If outside city or town limits, write RURAL and give nearest town)		State Maryland Cou	nty		
(If or	of death? 2 MO	ts, write F	RURAL and give nearest town)	City or town Baltimore	***************************************	
How long in above place . Hospital, Institution, or	of death?street address where dea	th occurred	:	City or town (If outside city or town limits Street No. 1619 W. Mulbe	write RURAL and give ne	arest town)
		osis	Sanatori um	Street No. 1015 (If rural, give		••••
How long in Respirator	Branch, H	enry	ton, Md.	2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	Number /
	ERNEST	GIE	SON		216-10-	6933
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
male	cologdd	si	ngle	20. DATE OF DEATH August 21	19. 45	at 1.45P
	or wife		c) If alive, give ageyears	21. I CERTIFY that death occurred on the date abo	45 to Aug.	21, ₁₉ 45
7. Birih date ot	T., 3			and that I last saw h. imalive onAug	ust 21,	19.45
deceased (mo., day, yr 8. AGE: Years) Months	Days	It less than one day	Immediate cause of death		
41		17	hrs,min,	Pulmonary Tubercu	Tosis	Jan.
	Reltimore	Ma		-		1940
	Baltimore	unty, and	state)	Due to	***************************************	***************************************
10. Usual occupation	Laborer	************	,			**
11. Industry or business				Due to		•
	Frank Ci	bson				**
12. Name	Baltimor		***************************************	Dther conditions	******************************	* *************************************
	IInknown	, ,	.4,	(Include pregnancy within 3 n	nontha of death)	
14. Malden name 15. Birthplace		***************************************		Major fiadings of operations		
≥ 15. Birthplace	Maryland					
16. Informant	Reuben H	off	an, M. D.	Antopsy results		
Address	Henryton	Ma		PHYSICIAN: Please underline the cause to wh	ich death should he charged	statistically.
13.	o only don		0 92-1	22. VIOLENCE: If death was due to external cause		
(Burial, cremation,	or removal. Which?)	Date then	eot (month) (day) (year)	Acadent, suicide, or homicide	Date of	
Cemetery or cremator	myc	ale	- /	Where did injury occur?(City or town)	(County)	(State)
Institute B	1180	I	m10	Injured at home, farm, Industry, public place (wh		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Location	0	10	1010	Means of Injury	Injured at work?	
18. Funeral director.	noy		Wexses	2		
Address 00	0 1/2	an	Class =	23. SIGNATURE / Leu Beu D	Huan m	7. 0
19. 8/21	45	ally	M. Swank		М. D.	or other 8/21/45
19. (Date rec'd by reg	istrar) De	puty	LOCAL Registrar	Address Address Address	Date signed	0/21/4



MARGIN RESERVED FOR BINDING

Address

8/

(Date rec'd by registrar)

~====			
CERTII	TICATE	OF	DEATH

OF DEATH	Reg. Dist. No.
USUAL RESIDENCE (For newborn infants	(HOME) OF DECEASED:

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 months, 21 days	State Maryland County St. Mary's City or town Dameron (If outside city or town limits, write RURAL and give neare
How long in above place of death? Bospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium	Streef No
Colored Branch, Henryton, Md.	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3 (b) Social Security N

City or	town Damer.on	
,	(If outside city or town limits, write RURAL and give	nearest town)
Streef	No	
	(If rural, give LOCATION)	V
2.(a) I	f veteran, name war	

JAMES	BERNARD	GUNN,	JR.

3. (b) Social Security Number 214-16-7509 MEDICAL CERTIFICATION

	- 1211	CT112TCT	doring offe	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	
male	colored	ma:	rried	
6.(b) Name of husba	nd or wife	ra Gu		
7. Birth date of deceased (mo., da	y, yr.) Marc	h 27,	c) If alive, give age21	
8. AGE: Ye	ars Months	Days	If less than one day	
2	4 4 .	17	hrsmin	
9. Birthplace	Dameron,			
(Town, county, and state) 1D. Usual occupation				
11. Industry or busin	ess	,		
13. Birthplace		's Cot	nty, Md.	
14. Malden nam	Daisy Br	iscoe		
15. Birthplace			inty, Md.	
16. Intermant	Reuben H	offmar	n, M. D.	
Address	Henryton	, Md.		
Burial, elemation, or removal, Which;				
Cemetery or crema	atory AT U-	elir	<u>\</u>	
Location	Ridge		nd:	
18. Funeral director	Robinso	n J	unered Hon	

Leonard town

19 45

Deputy

Local

medicine central central	•
20. DATE DF DEATH August 13, 194	5 , 9.10A
21. I CERTIFY that death occurred on the date above stated; that I attende May 23, 19 45 to Aug.	d deceased from
and thaf I last saw h im alive on August 13,	19 45
Immediate cause of death Pulmonary Tuberculosis	2044
Due fo	
Due fo	***************************************

Dther conditions	
(Include pregnancy within 3 months of death)	*********
Major findings of operations	
Date of op.	
Autopsy results	arged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:	
Accident, suicide, or homicide	******************************
Where did injury occur?	(State)
Injured at home, farm, Industry, public place (where?)	

Means of Injury 23. SIGNATURE. Registrar Address Henryton, Md.

Injured af work?



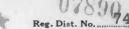
PLEASE WRITE PLAINLY,

VS A15

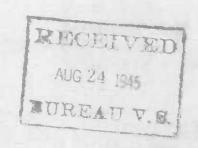
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13%) .

CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	Manufand Chamles
City or town Maryland (If ontside city or town limits, write RURAL and give nearest town)	State County CHAPTES
How long in above place of death? 6 months	City or town. Marbury (If outside city or town limits, write RURAL and give nearest town)
Maryland Tuberculosis Sanatorium	Street No
	(If rural, give LOCATION)
Colored Branch, enryton, Md.	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
HELEN INEZ HANCOCK	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female colored single	2D, DATE OF DEATH August 16, 19 45 , 15.20A M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Feb., 16, 19.45 to Aug., 16, 19.45
7. Birth date of deceased (mo., day, yr.) May 5, 1921	and that I last saw h. eralive on August 16, 1945
8. AGE: Years Months Days If less than one day	Immediate cause of death
	Pulmonary Tuberculosis Feb.
M	1938
9. Birthplace	Due 10
1D. Usual occupation	
	Due to
11. Industry or business Unknown	
單 12. Name Reginald Hancock	Diher conditions
13. Birthplace Cross Roads, Md.	
14. Malden name Mabel Henson 15. Birthplace Marbury, Md.	(Include pregnancy within 3 months of death)
Name Wa	Major findings of operations.
	Date of op.
Reuben Hoffman, M. D.	Antopsy results
Address Henryton, Md.	PHYSICIAN: Please underline the cause to which death abould he charged statistically.
Burial Date thereofing 19 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation or removal, Which?) Date thereof (month) (dsy) (year)	Accident, suicide, or homicide
Cemetery or cremator Mt Hope Cenactery	Where did injury occur?
Charle Car & Dad	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director, Slander Horney	Misens of Injury Injured at work?
Address Mas in Skring and Ry S. A	1/2 1. 7/00 2. 3
2/20 45 840 0	23. SIGNATURE MURLEU TOPMAN M. D. or other
19. 8/16 19 45 Charles Total Registrar Deputy Local Registrar	
(Date rec'd by registrar) Deputy Local Registrar	Address Henryton, Md. Date signed 8/16/45



age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-4

07891

CERTIFICATE OF DEATH

		CERTIFIC	ATE OF DEATH Reg. Dist. No	/4
1. PLACE OF DEATH: County Carroll City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 18 days Hospital, institution, or street address where death occurred: Waryland Blanch, Henryton, Maryland How long in hospital or institution?			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate Maryland County Baltimore (If outside city or town limits, write RURAL and give nea Street No. 929 Shields Place (If rural, give LOCATION) 2.(a) If veteran, name war.	rest town)
3. (a) FULL NAM		CATHERINE HILL	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female	col.	married (Sep.	20. DATE OF DEATH. August 29, 19.45	all:15 A
6.(b) Name of husband 7. Birth date of		ie Lee Hill	21. I CERTIFY that death occurred on the date above stated; that I attended dece	ased from
deceased (mo., day, 8. AGE: Year	yr.) DO CITTO	Days If less than one day 4 hrs	Immediate cause of death Pulmonary Tuberculdsis	
10. Usual occupation.	Domes	orge, Va. ounty, and state) tic	Due to	
11. Industry or busine 12. Name		kes	Other conditions	
14. Malden name Martha Allen 15. Birthplace Virginia 16. informant Reuben Hoffman, M.D. Address Henryton, Maryland		llen	(Include pregnancy within 8 months of death) Major findings of operations	
			Antopsy results	
17			22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
			(City or town) (County)	
18. Funeral director	Willia	ma lackes	Mesns of Injury Injured at work?	
Address	916 1	Zenif ave	23. SIGNATURE Release Hoffman m.	or other
19. Aug. 29, 19 45 (Date ree'd by registrar) Deput; Local Registrar		Deput Local Regis	rar Address Henryton, Md. Date signed.	8-29-45



A Committee of

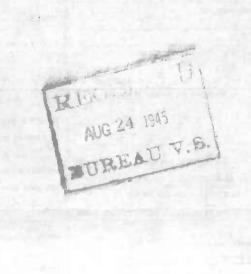
MARYLAND STATE DEPARTMENT OF HEALTH

	ATE OF DEATH Rec. Dist. No. 7
1. PLACE OF DEATH: County City or town City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced MALE WHITE 5, NGLE	MEDICAL CERTIFICATION 20. DATE OF DEATH. FLORE 19.45 21 10.45
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.1.5. and that I last saw hand alive on
Birthplace LAWNDALE CARROLL MD. (Town, county, and state) 10. Usual occupation FARMER 11. Industry or business	
12. Name ARCAB M. HOFF 13. Birthplace MARYLAND	Dither conditions
14. Maiden name MARY UHLER 15. Birthplace MARYLAND	(Include pregnancy within 2 months of death)
16. Informant MRS GUY W. CAPLE Address SANDYMOUNT, MD.	Autopsy results PHYSICIAN: Flease underline the cause to which death should be charged statistically.
17. BurlaL Bate thereot 8/22/25 (Burlal, cremation, or removal. Which?) Bate thereot (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Commetery or crematory DANBY MOUNT CEM. Location SANDY MOUNT, MD.	Where did injury occur?
18. Funeral director. J. FRANCIS REFSE Address WESTMINSTER, M.D.	
18 1/22 194 Televorenon	23. SIGRATURE M. D. or other

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VS A15

(Date rec'd by registrar)



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

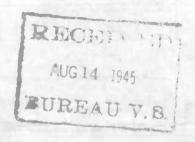
2411 N. Charles St., Baltimore 6/

CERTIFICATE OF DEATH

	0 1
	24

07893

	Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, trarried, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. MANAGEMENT 9 19 H 5 21 2 30 P. 1
6.(b) Name of husband or wife Ziala ## Afragle 7. Sirth date of deceased (mo., day, yr.) ## Agy 31, 1872	21. I CERTIFY that death occurred on the date above atated; that attended deceased from
8. AGE: Years Months Days If less than one day	Due 10.
1. Industry or business Relicies 12. Name Full Market Stoopers 13. Birthplace	Dither conditions Clincitude pregnancy within 8 months of death)
14. Maiden name Standh & ? 15. Birthplace	Major findings of operations. Date of op.
Address 17. Date thereof Address (Burial, cremation, or removal, Which?) Cemetery or crematory Address Location Address 18. Funeral director Address Address Address Address 18. Funeral director Address Address	Autopsy results. PHYSICIAN: Plesse underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, auicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
19. M.J. 18. H.S. L. Stately West (Date for d by registrar) (Date for d by registrar)	23. SIGNATURE M. D. or other M. D. or other Rote cland 8/10/43



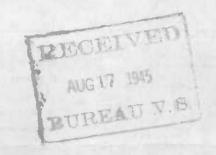
07894

2411 N. Charles St., Baltimore (48)

CERTIFICATE OF DEATH

Reg. Dist. No. 24

- ie	/	CERTIFICAT	E OF DEATH
oly.		1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
on carefully. The clearly and legibly.	0	City or town. / / / / / / / / / / / / / / / / / / /	State County County
fully		How long in above place of death?	City or town
care	82	progress State Haspelel	Street No. 13.2 3 (11 rural, give LOCATION)
ion		How long in hisolitator institution?	2.(a) It veteran, name war.
ADING INK. Supply every item of information Physicians: please write the causes of death cle		3. (a) FULL NAME Marie Antoinette	Jennison 3. (b) Social Security Number
of life		4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m of	X	essale while Ringle	20. DATE DF DEATH. Character 13, 18 4, 5, 21 7 P. M
ite	9	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
ery			U12/ 5 19.40, 10 224 13 19.45
ev ev		7. Birth date of deceased (mo., day, yr.) Llow 3, 1844	and that I last saw belt alive on
pply w		8. AGE: Years Months Days It less than one day	Immediate cause of death
Suj	3	70 9 10hrsmin.	Carriera of Me. 1 years
INK.		9. Birthplace	Marine Cercon
NG	Sicia	1D. Usual occupation	Due to
ADI Phy	24	11. Industry or business	Dither condilloss Advances de Casalana 4 100 1/200
NA	2	13. Birthplace Quesche	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
WITH UNF	01.00	14. Maiden name light feather than 15. Birthplace lless Jersey	(Include pregnancy within 8 months of death) Major findings of operations.
VIT	d	15. Birthpiace lless Jersey	Date of op.
PLAINLY, V	2113	16. Informant of the land of t	Antopsy results
N IN S		Address Sy planelle Md	22. VIOLENCE: It death was due to external causes, till in the tollowing:
PLA.	Ten o	(Burial, cremation, or removal Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
E.	4	Cemetery or crematory State Communications of the Communication of the C	Where did injury occur?
WRITE		Location Location	injured at home, tarm, industry, public place (where?)
		18. Funeral director Sales O Mitthell O Sons	Means of Injury Injured at work?
PLEASE	3	Address 1900 Entew Place	23. SIONATURELL COLL M. Rees M. A.
PLI		19. (Date of d by registrar) 19. #5 (Natury Eslete) Registrar	Address Alg Beasigle M. Date signed 8-13-41



ary item of information carefully. The correct age

VS A15 PLEASE WRITE PLAINLY, WITH UNFADING INK. Suplines is especially important. Physicians: please

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9 74

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Carroll Henryton	State Maryland county Anne Arundel	
City or town. Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in above place of death?	City or town Drury (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium	Street No.	
Colored Branch, Henryton, Md.	(If rural, give LOCATION) 2.(α) If veteran, name war	
	OW.	
3. (a) FULL NAME	3. (b) Social Security Number 212-29-1988	
ELSEE LOUISE JOHNSON		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female colored single	20. DATE OF DEATH August 30, 19 45 at 2.3	
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of Towns in Town	and that I last saw h er alive on August 30, 19.	
deceased (mo., day, yr.) March 19, 1923	Immediate cause of death	
o. AGL.	Pulmonary Tuberculosis Sept	
22 5 · 11hrsm	n. 194	
9. Birthplace	Due ta	
Waitness		
10. Usual occupation. WAL CLESS	Due to	
11. Industry or business		
Aarone Johnson	Dther conditions	
₹ 13. Birthplace Drury, Md.	(Incinde pregnancy within 3 months of death)	
14. Malden name Louise Chase 15. Birthplace Drury, Md.	Major findings of operations.	
15. Birthplace Drury, Md.	major readings of operations	
Reuben Hoffman, M. D.	Antopsy results.	
10.18101.00	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Henryton, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;	
17 Buttal (Burial, cremation, or removal, Which?) Date thereof Aug. 2, 1943 (Highth) (day) (year)	Accident, suicide, or homicide	
(Burial, cremation, or removal. Which?) Cemetery or crematory.	Where did injury occur?	
8		
Location Daniel Mil	Injured at home, farm, industry, public place (where?)	
18. Funeral director The Hazelette of Son	Means of Injury Injured at work?	
Address Galewille, and	23 SIGNATURE Chebey Hoffman m.D.	
19. 8/30 (Date rec'd by registrar) 19. 45 Check Swarfs Deputy Local Registr	23. SIGNATURE Queles Not man, M. D. or other	



VS A15

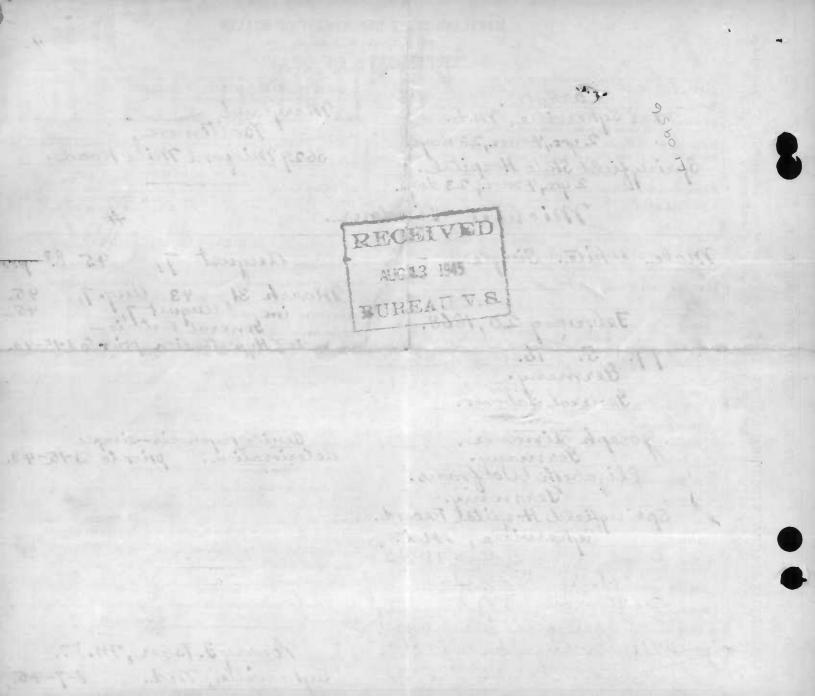
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07896

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: Carroll,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)
City or town near Sykesville, Md.	State Maryland County
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2. 4. 1. 1. 1. 2. 3. 4. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	City or town
Hospital Institution, or street address where death occurred:	Street No 3629 Milford Mill Road.
Springfield State Hospital.	(Il tural, give LOCATION)
How long in hospital of Listitution? 2 yrs., 4 mos., 23 days.	2.(u) It veteran, name war
3. (a) FULL NAME Michael Linds	13. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male. White. Single.	20. DATE OF DEATH august 7, 1945 at 8.30 p. H
	21. I CERTIFY that death occurre on the date above stated; that I attended deceased from
6.(6) Name of husband or wife	March 31 ,43 dug. 7, 1945.
7. Birth date of 7. Bir	and that I last saw him alive on august 7. 1945.
deceased (mo., day, yr.) Jebruary 20, 1868. 8. AGE: Years Months Jays It less than one day	Immediate cause of death Jeneral arterio - DURATION
77 5 1/	sclerosis & Hypertension-prior to 3-15-43.
9. Birthplace. Grown, county, and state)	Due to
10. Usual occupation General Laborer.	
	Due to
11. Industry or business	Other conditions Service Psychosis - simple
E 12. Name Joseph Lindner, 13. Birthplace Germany.	deterioration. prior to 3-15-43.
14. Maiden name Elizabeth Wolfrans.	(Include pregnancy within 8 months of death)
14. Malden name	Msjor findings of operations
15. Birthplace Germany.	Date of op.
16. Informant Springfield Hospital Record.	Autopsy results
Address Sylesville, Md.	
17. Burial Date thereof aug 11-45	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Holy A edleanner	Where did injury occur?
Location Dallamore VVOI.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Elisworth Germagost	Means of tnjury Injured at work?
Address 3911 Siberty Heights aug	23. SIGNATURE Harry J. Baer, M. D.
8/10/11 /2 6 8 %	M. D. or other
19	Address Sykesville, Md. Date signed 8-7-45.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1570

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town Calabase G
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rups), give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH Quant 5 19 45 at 10:25
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 2. H. J	and that I last saw h. h. h. alive on
9. Birthplace (County, and state) 10. Usual occupation	Due to
12. Name Allery M. Grantow.	Dther conditions
14. Maiden name for Maddeld Sangfield. 15. Birthplace Somerset Co., M.d.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Hally III. Junitary	Antopsy results
(Burial, cremation, or removal, Whileh?) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or crematory July Shippy Of College Co. July Location Co. July Co.	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director.	Means of injury Injured at work?
19 Aug. 7 19 H5 C. Harry Weed	23. SIGNATURE Substitute of the Control of the Cont

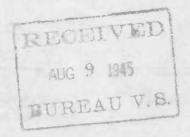
Address.

(Date registrar) 19 145 Ca Harry Isleed
Registrar

Sylanville

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160-2

CERTIFICATE OF DEATH

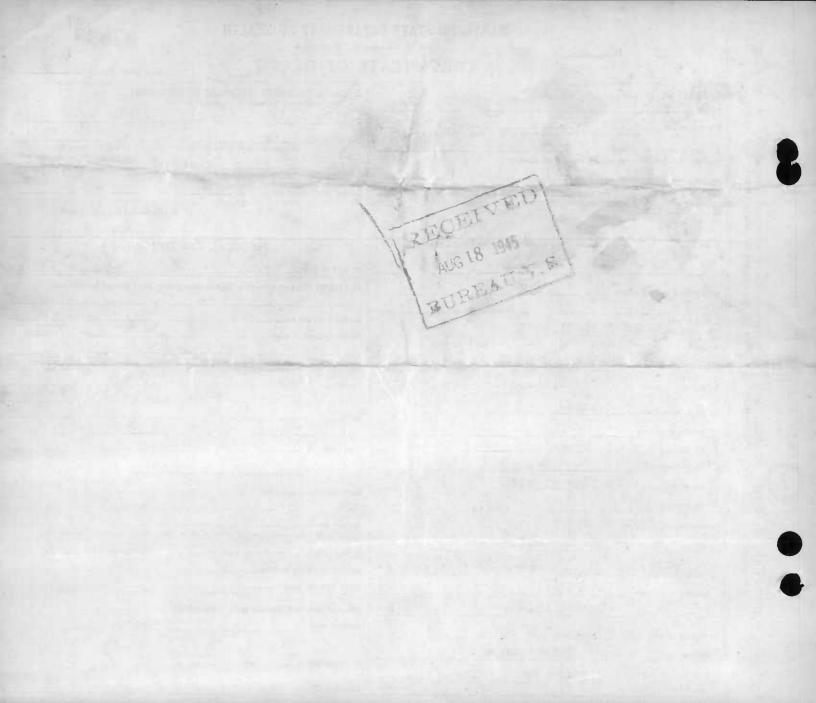
07898. .-

1		20
eg. Diat.	No.	

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Carroll
City or town. Keymar R.D. (If outside city or town limits, write RURAL and give neares! How long in above place of death? 9 days. Hospital, Institution, or street address where death occurred:	t town)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Richard Myers	3. (b) Social Security Number none
4. Sex 5. Color or race 6.(a)Single, married, widowed, or div	MEDICAL CERTIFICATION 20, DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIEY that death occurred on the date above stated; that I ettended deceased from years and that last saw h
8. AGE: Years Months Days tt less than one day	Immediate cause of death Outside Security 19 19 19 19 19 19 19 19 19 19 19 19 19
9. Birthplace	
11. Industry or business 12. Name Raymond Myers Md.	
14. Maiden name Catherine E.Smith 15. Birthplace Md.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Raymond Myers Address Keymar R.D.	Antopsy results PHYSICIAN: Plesse underline the cause to which death should be charged statistically.
Burial Date thereof Aug. 11, 19 (Burial, cremation, or removal, Which?) Reysville Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Keysville, Md.	Injured at home, farm, Industry, public place (where?)
1B. Funeral director C.O.FUSS & SON Address Taneytown, Md.	5// 1/20
19. Qualification 19/5 Causes 20: 13	23. SIGNATURE M. D. or other Registrar Address Address Address Address Date signed 4 10 4 3

VS A15

JARGIN RESERVED FOR BINDING



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BA

07899

8/20/45

CERTIFICATE OF DEATH

			_	-	
			-	7 4	
-	-	 		/ 41	

	Reg. Dist. No.	********
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Maryland County Charles	
City or town Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 months., 3 days keepital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Tenryton, Md. How long in hospital or institution.	City or town Newport (If outside city or town limits, write RURAL and give nearest tow Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAME		
MARY CATHERINE NEALE	3. (b) Social Security Number	•
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female colored married	20. DATE OF DEATH August 20, 19 45 at 8	.30P
6.(b) Name of husband or wife. Joseph Neale 6.(c) If alive, give age. 28 years 7. Birth date of deceased (mo., day, yr.) May 24, 1917	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from May 17, 19 45 to Aug., 20, and that I last saw h. er alive on August 20,	
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death	uration
28 2 27hrsmin.	194	***********
St. Manuta Co. Md	Que to	I U
9. Birihplace (Town, county, and state) Housewife	Due to.	***********
11. Industry or business at home	Due to	
	A	
Wilson Cole	Other conditions	
	(Include pregnancy within 8 months of death)	
E	Major findings of operations.	
	Date of op	**********
16. Informant Reuben Hoffman, M. D.	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistical	•••••••••
Address Henryton, Md.		ly.
17. (Burlal, cremation, or removal. Which?) Oate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or crematory Many County	Where did injury occur?	***********
Location Mental mek	Injured at home, farm, Industry, public place (where?)	•••••
18. Funeral director Then H & Olesan	Means of Injury Injured et work?	
Address Waldorf Sed	The of Stop my	
	23. SIGNATURE M. D. or other	******
19. 8/20 (Date ree'd by registrar) 19. 45 Deputy Local Registrar	Address Henryton, Md. Date signed 8/2	20/4



V. S. No. 1

STATE OF M	MARYLAND-	CERTIFICATE	OF	DEATH
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		arroll Con	intv			Registration Diet No.	
•	Village or City	Giss n city or town where	death occurred	(li	No. death occurred in a hospital or instance of the second of the secon	nitution, give its NAME instead of a for foreign birth?yrs	St.,
۷.				le. Md.	St, Ward.	If nonresident give city or	
	PERSONAL A	ND STATIST	ICAL PARTIC	CULARS	MEDICAL	CERTIFICATE OF DE	EATH
3. SEJ	male 4. co	white	5. SINGLE, MARR OR DIVORCED Widow	(write the word)	21. DATE OF DEATH	ang 3 (Moghl) (Day)) - 193145
1	married, widowed, or of HUSBAND of (or) WIFE of	Siverced Ella Louis	se Nelson		22. July 2	BY CERTIFY, That I	9 30,1943
6. DA 7. AG	TE OF BIRTH (month, E Years	day, and year) An	Days 27	872 If LESS than 1 dey,hrs. ormin.	to have occurred on the date st The PRINCIPAL CAUSE OF DE were es follows:	ated above, et	, 19 4. 5; death is seld
CUPATION	9. Industry or busines work was done, SAW MILL, BAN 0. Date deceased lest this occupation of	ne, as SPINNER, KEEPER, etc s in which as SILK MILL, K, etc	Pharmacis [ames W. J 11. Totel times occurrence occur	ohnson	Myscord Myscord Myshril	s [clut	
1	IRTHPLACE (city or to (State or country)	West V	irginia		Dther Contributory Causes of Ir	nportance:	
= -	4. BIRTHPLACE (city of (State or country)		no wn		Neme of operation	Zeorei	Date of
H OM	15. MAIDEN NAME 16. BIRTHPLACE (city of (State or count)	rtown) Unkr y) arles D. W	loodward		23. If death was due to external Accident, suicide, or homicide?	causes (VIDL ENCE) fill in also the	e following:
18. Bt	URIAL CREMATION D	e 2. Sykes Kremavak rraine		2/ 1945	Menner of Injury		
19. U	NDERTAKER	WILLIAM 00 17 St. Par			24. Wes disease or injury in any	y way releted to occupation of dec	ceased?

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



07901

8.(b) Name of husband or wife 8.(c) If alive, give age 7. Birth date of deceased (mo. day, yr.) 8. AGE: Years Months Days 11 less than one day 61 O 10 Mrs. 9. Birthplace Maryland (Town, county, and state) 10. Usual occupation Telegraph Operator 11. Industry or business Railroad 12. Hame Mathias Niland 13. Birthplace Ireland 14. Maiden name Sarah Walsh 15. Birthplace Ireland 16. Informant Records Of Springfield State Address Hospital, Sykesville, Md. 11. CERIIFT that desth occurred on the date above stated; that I attended deceased from 19. AG. (It will be above stated; that I attended deceased from 19. AG. (It will be above stated; that I attended deceased from 19. AG. (It will be above stated; that I attended deceased from 19. AG. (It will be above stated; that I attended deceased from 19. AG. (It will be above stated; that I attended deceased from 19. AG. (It will be above stated; that I attended deceased from 19. AG. (It will be above stated; that I attended deceased from 19. AG. (It will be above stated; that I attended deceased from 19. AG. (It will be above stated; that I attended deceased from 19. AG. (It will be above stated; that I attended deceased from 19. AG. (It will be above stated; that I attended deceased from 19. AG. (It will be above stated; that I attended deceased from 19. AG. (It will be above stated; that I attended deceased from 19. AG. (It will be above stated; that I attended deceased from 19. AG. (It will be above stated; that I attended deceased from 19. AG. (It will be above stated; that I attended deceased from 19. AG. (It will be above stated; that I attended deceased from 19. AG. (It will be above stated; that I attended deceased from 19. AG. (It will be above stated; that I attended deceased from 19. AG. (It will be above stated; that I attended deceased that I attended deceased thatended that attended to eath 19. AG. (It will be above stated;	1	CERTIFICAT	TE OF DEATH Reg. Dist. No. 24
8. (b) Name of husband or wife 1. Birth date of deceased (mo. day, yr.) 8. AGE: Years Months Days If less than one day 61 0 10 hrs. 9. Birthplace Maryland (Town, county, and state) 10. Usual occupation Telegraph operator 11. Industry or business Railroad 12. Name Mathias Niland (Italian) 13. Birthplace Ireland 14. Maiden name Sarah Walsh (Ireland Include pregnancy within a mosths of death) 15. Birthplace Ireland 16. Uniformant Records of Springfield State (Byrial, cremation, or removal, Which) 17. Birthplace Ireland 18. Informant Records of Springfield State (Byrial, cremation, or removal, Which) 18. Date thereof (Ireland Included pregnancy within a mosths of death) 19. Date of op. Autopey results. 11. Autopey results. Autopey results. 12. Vollence: If death was due to external causes, fill in the following: Accident, suicide, or homicide. 11. Date of (City or town) (Connty) (State) 12. Where did in Jury (City or town) (Connty) (State) 13. Birthplace Ireland (Ireland Included	County. Carroll City or town. Sykesville (If outside city or town I How long in above place of death? 18 Hospital individual custed address where How long in hospital or institution? 18	rs., 10 mos., 17 da: "" Hospital	State
Male White Married 8.(6) Name of husband or wife ? 8.(6) Hame of husband or wife ? 7. Sirth date of decased (mo. day, yr.) Fugust 8 88 44 195	11 ' '	nd	3. (b) Social Security Number
Solid Hall of a series Solid Hall Solid Hall Solid Hall Solid Hall Solid Hall Solid So			
16. Informant Records of Springfield State Hospital, Sykesville, Md. 17. Autopsy results. (Burial, cremation, or removal. Which?) Cemelery or crematory. Contest of County (County) Location. Contest of Springfield State Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Mesns of injury injured at work?	7. Birth date of deceased (mo., day. yr.) 8. AGE: Years 61 0 9. Birthplace Maryland (Town, 10. Usual occupation. Telegrap) 11. Industry or business Rail: 12. Name Mathias N.		and that last saw h 1.00 alive on 19.45 Immediate cause of death DURATION, 2 11.00 ary Incombass 2 11.00 are solutions Due to Tellerations Applications Applica
18. Funeral director Address Address Comberland, Field. 23. SIGNATURE advand 2. Kerman 19. Aug. 18 1945 C. Flerry Edech 19. Aug. 18. SIGNATURE advand 2. Kerman 19. Aug. 19. SIGNATURE advance advan	18. Informant Records of Hospital, S. 11. Hospital, S. 12. Hospital, S. 13. Emeral director Address 14. Funeral director Address	Springfield State ykesville, Md. Date thereof Aug. 1945 (mythch) (day) (year) Leaned, Jud.	Autopsy results

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (31-a)

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CER	1 1 1 1 1	H.	A STA	111	111111111111111111111111111111111111111	

CERTIFICA	TE OF DEATH Reg. Diat. No.
County City or town (If outside city or fown limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occased:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fer newborn infants give residence of mether) State
3. (a) FULL NAME	3. (b) Social Security Number
E. Wesley Null	214-01-1707
4. Sex 5. Color or pace 6.(a) Slogie, married, widowed, or divorced Manuel	MEDICAL CERTIFICATION 20. DATE OF DEATH. PUGUST 14 19.45 of G.P. N
6.(b) Name of Invitation or wito Bosa B Mulf 7. Birth date of deceased (mo., day, yr.) May 16 - 1880	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.)	Immediate care of death DURATION Chromic Gleneralar Reference
9. Birthplace	Due to.
11. Industry or business Flour Mill 641	Due to (fottio-Selevo fic Cardio-Vasalan?
12. Name. Mary Level Massenham	(Include programmy within 5 months of death)
14. Malden name. Lus can Masenheunes 15. Birthplace Manyland	Major findings of operations
16. Informant Mes Hamberton Med Address Hambstead Med	Autopsy results
17. But Bale thereot (menth) (yey) (year)	Accident, suicide, or homicide
Location Control Dunck	Where did injury occur?
18. Fueral director and el Hambers Hambers Hambers	VilEB Dynk
Lug 15 145 John S. Hughes J.	23. SIGNATURE M. D. er ether

Registrar Address

VS A15

(Date red d by registrar)

ect age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correst of especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

CEPTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME HAZEL LENORA ODE	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced female colored single	MEDICAL CERTIFICATION 2D. DATE DF DEATH AUGUST 9, 19 45 at 3:30P.
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from May 3, 19 43 to Aug. 9, 19 45 and that I last saw h. erailye on August 9, 19 45
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis March 1943
9. Birthplace	Due to
14. Maiden name Lenora Gaines 15. Birthplace Baltimore, Md. 16. Intermant Reuben Hoffman, M.D.	(Include pregnancy within 3 months of death) Major findings of operations
Address Henryton, Maryland 17. (Burial, cremation, or removal. Which?) Date thereof (day) (year)	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location	Where did injury occur?
19. Aug. 9. 19. 45 allud R. Swandsan Deputy Local Registrar	23. SIGNATURE / Lee Ree 70 f. man m. D. M. D. or other Address. Henryton, Md

VS A15

PLEASE

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible.

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2411 N. Charles St., Baltimore 330

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CERTIFICATE OF DEATH

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City or town	neytown, outside city or town i of death?	imits, write i		2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of State Maryland Could City or town Taneytown, (If outside city or town limits Street No. (If rural, give 2.(a) If veteran, name war.	e, write RURAL and give no	areat town)
3. (a) FULL NAM		ah D.	Overholtzer		3. (b) Social Security None	Number
4. Sex Male	5. Color or race White	7000	e, married, widowed, or divorced rried	MEDICAL CI	ERTIFICATION 19.45	, at 7.20Pm
8.(b) Name of husband or wife. Rosa Crabbs				21. I CERTIFY that death occurred on the date abo Jan. 6th 192 and that I leet saw hi.Mallve on .AUSU	ove stated; that I attended dec 37	eased from 1945 1945
8. AGE: Years		Days 25	if less than one dayhrsmin.	Immediate cause of death Bronchiectasis(sac Myocarditis(chroni	ular)	4yrs.
9. 8irthplace	Retired Fa	na. county, and rmer	state)	Due to		
13. Birthplace	anuel Over	holtze	r	Other conditions		
14. Malden name	Sarah Jaco		a.	Major findings of operations		
	s. Roas On Taneyto		zer	Antopsy results		
17Burial (Burial, cremation Cemetery or cremate	or removal. Which	Date the	eofAugust 15, 194 (month) (day) (year)	Accident, euicide, or homicide	(County)	(State)
Address	C.O. Fuss Taneytov	m, Md.	tel M Mehry	23. SIGNATURE 23. Address Taney town, Mary	De 3. C	or other Aug. 13:4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

VS A15



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

County	Carr	17770	Md.	2. USUAL RESIDENCE (HOME) (For newborn infants give residence Maryland State	of mother)		
How long in above pla	f outside city or town li ce of death? or street address where	mits. write I	RURAL and give nearest town) ONTHS	City or town			
			01 201 101 10 10 10 10 10 10 10 10 10 10 10	Street No. 1115 W. 36th Street (If rural, give LOCATION)			
				2.(a) tf veteran, name war			
3. (a) FULL NAI	ME	MAR	GARET C. PHILL	IPS	3. (b) Social Security	Number	
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL	CERTIFICATION		
Female	White	W	idowed	20. DATE OF DEATH August	26, 1945	7;A;	
6.(6) Name of hueban	0 OF WITE	000***0*********	Phillips	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from			
7. Birth date of			c) If alive, give ageyears 4, 1883	and that I last saw h		•	
8. AGE: Yes	ars Monthe	Daye 2	If less than one day	Immediate cause of death	of Calan	DURATION 2 1/25	
	Penna.	~	hremln.	-	0		
	(Town, H	ousew	state) OTK	Due to		* *************************************	
11. Industry or busine		***************************************	1161 11 11 11 11 11 11 11 11 11 11 11 11	Due to	***************************************		
04	William	Ston	esifer	Other conditions			
13. Birthplace		nknow	n			- F1 - D2	
14 Malden name	Caroli	ne W	all	(Include pregnancy within			
14. Maiden name		nknow	n	Major findings of operations			
M	r. George	Phil	lips	Autopsy results			
ro. inturmant			Balto. Md.	PHYSICIAN: Please underline the cause to			
Bur (Bnrial, crematic	ial	Date ther	8-28-45 (moeth) (day) (year)	22. VIOLENCE: If death was due to external Accident, suicide, or homicide Where did injury occur?	Date of		
LocationG	ist, Carr	oll C	o. Md.	Where did injury occur?(City or tow injured at home, farm, lodustry, public place	(where?)		
		N/ 1/1	07+77	Meane of Injury	Injured at work?		
Addrese	1	Winfi	eld, Md.	23. SIGNATURE 2 . D. E.	arles In	. D.	
19.	21 1945	4	Clusson	a to	M.D.	or other	

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(Date reed by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1700)

... Date signed........................

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CERT	IFICATE	OF	DEATH	

CERTIFICAT	TE OF DEATH Reg. Dist. No.	***************************************
ounty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infages give residence of mother) State	
Janet Lauise	Read 3. (b) Social Security N	amber
Sex 5. Cold or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH	13:30/M
(b) Name of husband or wife	and that I last saw h	19
AGE: Years Mooths Days It less than one day 2 4 hrs. min. Birthplace M. C.	Immediate cause of death Markinghe Frank Shoul Crush Due to. Due to.	DURATION
12. Name Russell Reed 13. Birthplace Warylend 14. Malden name Assa M Redding 15. Sirthplace Warylend	(Include pregnancy within 8 months of death) Major findings of operations	
Address Bate thereot (month) (day) (year) Cemetery or crematory Address Address	Autopsy results. PHYSICIAN: Flease ooderline the cause to which death shoold he charged str 22. VIOLENCE: if death was due to external causes, fill in the tollowing; Accident, suicide, or homicide.	27/45
Location Management States 8. Funeral director Lange Management States Address Management Management States Address Management States Management States S	Injured at home, farm, industry, public place (where?)	· O

23. SIGNATURE

VS A15

RECAUGIST 1915

MARYLAND STATE DEPARTMENT OF HEALTH

DURATION

Injured al home, farm, Industry, public place (where?)

Meens of Injury

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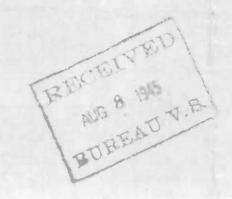
(Date fe'd by registrar)

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /5

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CERTIFICATE OF DEATH

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74 Reg. Diat. No. ...

1. PLACE OF DEATH: County Carroll City or town Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 months, 25 days				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Maryland How long in hospital or institution?				Street No	LOCATION)	
3. (a) FULL NAM			LFONCO RICHARDS	SON	3.(b) Social Security lost	Number
4. Sex male	5. Color or race		ingle	MEDICAL CE	ertification	at 2:25P
	Tule		(c) It alive, give ageyears		45 .August	10, 19 45
8. AGE: Year	1	Days 5	If less than one dayhrsmin.	Pulmonary Tuberc	ulosis	Aug. 1944
10. Usual occupation. 11. thdustry or busines 12. Name	Jann Ric Unknown	snore	state) man on	Due to		
15. Birthplace		rs, G	a. M.D.	(Include pregnancy within 3 months of death) Major fiadings of operations. Date of op.		
Address H 17. (Burial, cremation Cemetery or cremate Location	enryton,	Mary	land	PHYSICIAN: Please underline the cause to whi 22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	es, fill in the following; Date of	statistically.
Address 5 19. Augus (Date rec'd by re	78w 10, 45	B	Sel AN Property Local Registrar	Hannistan Wall	Guian M. D. o. Date signed.	

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18. Funeral director...

(Date rec'd by registrar)

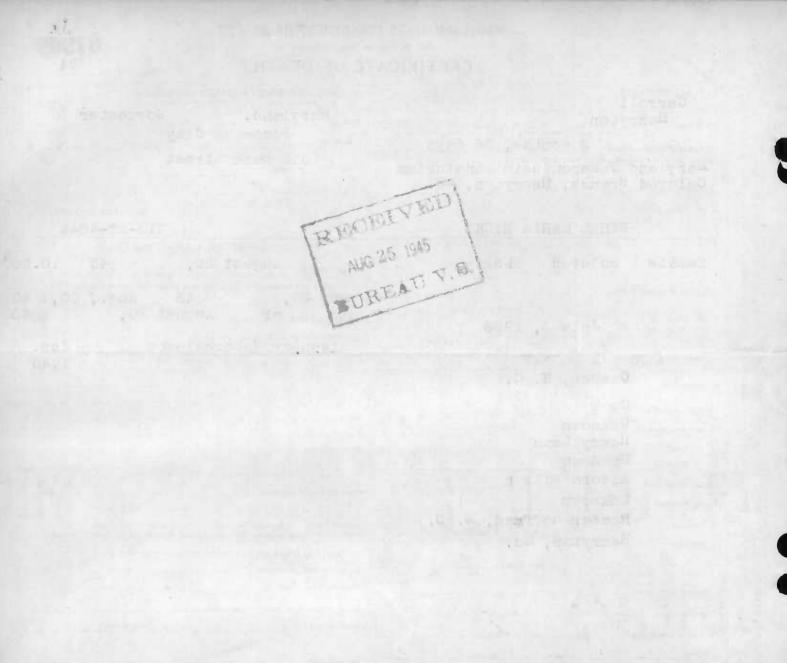
1. PLACE OF DEATH: Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 months, 26 days Hoselial, institution, or street address where death occurred: Colored Branch, Henryton, Md. 3. (a) FULL NAME ETHEL MARIE RICKS 5. Color or race 6.(a) Single, married, widowed, or divorced female colored single 6.(b) Name of husband or wife..... 6.(c) if alive give age years 7. Birth date of July 3, 1909 deceased (mo., day, yr.) If less than one day 8. AGE: 36 Camden, N. C. 9 Rirthniace..... (Town, county, and state) Cook 10. Usual occupation. Unknown 11. Industry or business 12. Name...... 13. Birthplace Henry Lamb Unknown 14. Maiden na 15. Birthpiace Alcora Wilson 14. Maiden name. Unknown Reuben Hoffman. M. D. 16. informant..... Henryton, Md. Arthress (Burial, cremetion, or removal, Which?) Date thereof. leth City St. C.

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland. Worcester Pocomoke City (If outside city or town limits, write RURAL and give nearest town) 510 Bank Street (If rural, give LOCATION) 3. (b) Social Security Number 213-22-4844 MEDICAL CERTIFICATION 20. DATE OF DEATH August 20. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1945 to Aug., 20, 19 45 Immediate cause of death Pulmonary Tuberculosis DURATION Jan. 1945 (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Where did injury occur? (City or town) Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury

Henryton, Md.

Registrar | Address.

Loca



MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.71

- 4		
	1. PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	City or town. (If outside city or town limits, write RURAL and give nearest town)	State maryland county lournel
	How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
	Hospital, Institution, or street address where death offcurred:	Street No
>	How long in hospital or institution?	2.(a) If veteran, name war
	3. (a) FULL NAME Evelyn P. Ra	hrbanah 3. (b) Social Security Number
	Terrail White Lingle	MEDICAL CERTIFICATION 20. DATE DE DEATH 20. DATE DE DE DEATH 20. DATE DE
	6.(6) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	S.(c) If alive, give age	19
	7. Birth date of deceased (mo., day, yr.) 7-th: 18, 1929	and that I last saw it
	8. AGE: Years Months Days I fiess than one day	Immediate cause of death DURATION Traction Skull
-	9. Birthplace Course (Town county and state)	Due to automobile areidense
	10. Usual occupation. At School	Due to
1	11. Industry or business	
	12. Hame Refersion la Rulesbaugh	Other conditions
	El 13. Birthplace flaurel (ao, Mag	(Include pregnancy within 3 months of death)
	14. Maiden name Nooms & Shoungs 15. Birthplace Carall Co, MC	Major findings of operations.
	V - T - P - Va - I - I	Bate of op.
	Address An alma Mall	Antopsy results
	17. (Burist, cremation, or removal Which?) Oate thereof. 8-19-45 (month) (day) (year)	22. VIOLENCE: If death was due to external cances, fill in the following: Accident, solcide, or homicide
	Cemetery or crematory. La Canadana	Where did injury occur? (City or town) (County) (State)
	Location Linebars Willy	injured at home, farm, industry, public place (where?)
	18. Funeral director & all lines as Source	Means of more by access injured at work?
	Address Manefeester and	22 months was I Kanh Defuty The lies Eyou.
1	19 (I) (Oate recidity registrar) 19 Mrs. W. P.S. Doulle	Address Date signed 9/15/45
	the second secon	. Harry Annual Control of the Contro

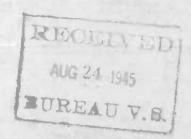
AUG31 1945 BUREAU V.S.

2411 N. Charles St., Baltimore 940

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374	0	-	U	4	روز	16
Reg	Dist.	No	.			7

	ERTHICATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (I	HOME) OF DECEASED:
County.	State	
City or town(11 utside city or town limits, write RURAL and g	rive nearest town	A Contract of the Contract of
	Marie City or town (If outside cit	y or town limits, write RURAL and give nearest town)
Respital, Institution, or street address where that occurred	1/ - / Street No.	
Johnson Jelly Thale	roquial	(If rurai, give LOCATION)
How long in hospital of institution?	2.(a) It veteran, name war	
3. (a) FULL NAME Bes	sie Seliger	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wid	lowed, or divorced ME	DICAL CERTIFICATION
W sun	20. DATE OF DEATH	aug 22 1945 at 72 M
8.(b) Name of husband or wife	24 TOPPTIPE that doubt account	d on the date above stated; that Lattended deceased from
	Marile	5 11, 1929, 10 Com 22 1845
7. Birth date of	age	Te on Osang 2/2 1945
deceased (mo., day, yr.)	Immediate cause of death	DURATION
8. AGE: Years Months Days It less tha		f. f.
o mir bay	hrs. min. CANN	any throughy Ins
9. Birthplace	Due to.	A
(Town county, and state)	lade fre	egray 11 yra
1D. Usual occupation	Due to.	1
11. Industry or business	ne'	
12. Name 12.	Dther conditions	
₹ 13. Birthplace		nancy within 3 months of death)
14. Maiden name La	llin	
ON 15 Sirthoffee	Major findings of operations	
H. C. J. P. III	1 / seed 1.	Bate ot op
16. Informant		the cause to which death should be charged statistically.
Address 4/03 Wellewill	To Party 22 VIOLENCE: It death was di	ue to externat causes, tilt in the tollowing;
(Burial, cremation, or removal. Which?)	6 23 1745	Date ot
	, (, (),	
Cemelery or crematory Library Library Company of the Company of th	The state of the s	
Location Days		public place (where?)
18. Funeral director Alk Access of	Means of injury	Injured at work?
Address 2100 Enclaw 4	Les XIII	X XI - XIII
Andrew Course	23. SIGNATURE	E. D. orether
Date rec'd by registrar)	Registrar Address M. A.	essalle huare signed 1221
(Date 1994 D) 108totter)	And the state of t	The state of the s

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BE

CERTIFICATE OF DEATH

Date signed.

					Trogs Dille I to	***************************************
1. PLACE OF DEA	ATH:	nmoll		2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Carroll Gist			***************************************	(For newborn infants give residence of mother) Marvland Carroll		
City or town			TID A F	State Maryland Co	ounty	***************************************
(If outside city or town limits, write RURAL and give nearest fown) How long in above place of death?		City or town	A24 YETTO A.V3			
Hospital, Institution, or	street address where	death occurret	i:	City or town (If outside city or town limit R, D. Sykesvi	11e	est town)
				Street No.	e LOCATION)	
How long in hospital or	Institution?			2.(a) If veleran, name war		
3. (a) FULL NAME				2.(4) It retent, name was		
J. (G) TOLL NAME	C	OLUMBI	US A. SHIPLEY		3. (b) Social Security N	umber
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	W:	idowed		13, 19 45	4:50A:
	Destil	L A	Chinler			
B.(b) Name of husband	or wifeRUU	n Ann	Shipley	2f. I CERTIFY thal death occurred on the date ab	ove slated; that I allended deceas	ed trom
88888***********************	eased	6.(c) If alive, give ageyears	19	35 to ang 1	18.20
7. Birth date of deceased (mo., day, y	An-		17, 1858	and that I last saw hallve on	-	19.20
8. AGE: Years	Months	Days	I If less than one day	Immediate cause of death		DURATION
87	3	26		Myorablis		••••••
	rroll Co	Man		Myelulis	(elv)-	********
9. Birthplace	LLOIT CO	county, and	ytanu	Due to		
	Farmer-	ret	ired			
10. Usual occupation				Due to.		7 degra
ff. Industry or business		CVI a de la companya della companya de la companya de la companya della companya	Loss		,	
臣 12. Name	John C.	ullu .		Other conditions	***************************************	0-4-0
12. Name		aryla:				
E	Elizabe	th B	rothers	(Include pregnancy within 8	months of death)	
14. Malden name	M	aryla:	ně	Major findings of operations	Z	•••••••
25 15. Birthplace		-			Date of op	
18. Informant	W. Elbe			Autopsy results		
Address	Syke	svill	e, Md.	PHYSICIAN: Please underline the cause to w	hich death should be charged st	atistically.
Rumi	ลไ		8-16-45	22. VIOLENCE: If death was due to external ca	wes, till in the following:	
(Burial, cremation,	or removal Which?)	Dale Ther	(day)/(wear)	Accident, suicide, or homicide	Date of	
Cemelery or cremator	, Be	thesd	a coulley	Where did injury occur?(City or town)	(County)	(Stata)
	st. Carr	oll C	o. Md.			
Locallon		. M.		Injured al home, farm, industry, public place (v Means of injury	Injured at work?	
18. Funeral director			***************************************	/	0 -	
Address		Winfi	eld, Md.	210	frmille	- hed,
10. 11	1 1/d-	51.	m Wast +	23. SIGNATURE	M. D. or	other
Date red'd by yes	istrar) 194.	an	a III Julian Registrar	Address Wistruck	Clar Late stoned	P-13-45

Address.....



CERTIFICATE	OF	DEATH
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2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH: Conoll Muntano limits, write RURAL and give nearest town) How long in above place of death? 4 34 on the (If outside city os town limits, write RURAL and give nearest town) Hospital, institution, or street address where death occurred: 1410 dunden (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number Shipley 4. Sex 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION direccel. lucke Repinded King Stirler 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from deceased (mo., day, yr.) September 20, 1897 Immediate cause of death It tess than one day Years 8. AGE: meys carditis Years 10. Usual occupation... 11. Industry or business 12. Name......

(Burial, cremation, or removal, Wbich?)

Springfield

Cemetery or crematory Lorraine Woodlawn Md.

18. Funeral director William J. Tickner & Sons

Address North & Pennsylvania Aves.

a.w. Hedric

Major findings of operations ... PHYSICIAN: Please underline the cause to which death should be charged statistically.

(Include pregnancy within 3 months of death)

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Where did injury occur?(City or town)

Injured at home, farm, industry, public place (where?)

Meens of Injury

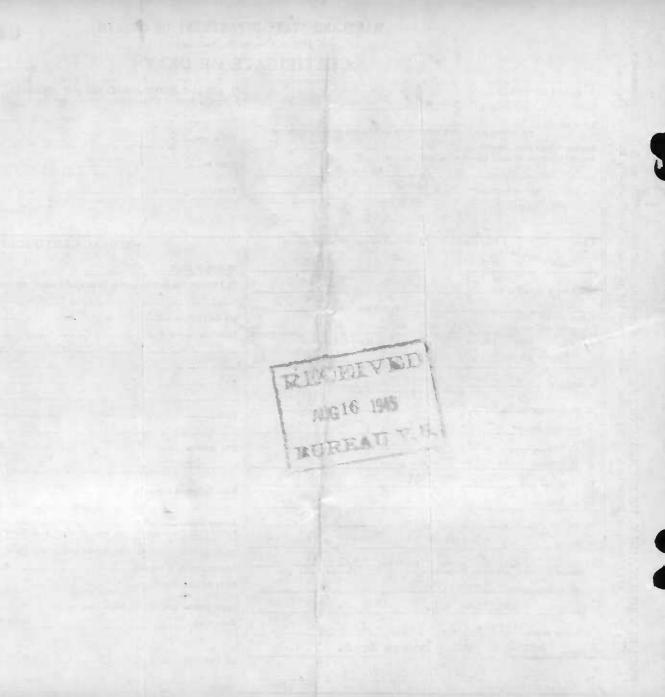
State Hosp. Date signed 8-15-45

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2411 N. Charles St., Baltimore

07914

CERTIFICATE OF DEATH

. Date signed . Q. 1.9. 3 0 Th. 194

			02111110	Reg. Diat. No		
1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Carroll City or town Rural Tanevtown (If outside city or town limits, write RURAL and give nearest town)				state Maryland county Carroll		
How long in above place of death?76years		ed:				
How long in hospital	or institution?		***************************************	2.(o) it veteran, name war		
3. (a) FULL NAM	ME Harvey E.	Shorb		3. (b) Social Security Number None		
4. Sex	5. Color or race	6.(a)\$Ing	gle, married, widowed, or divorced	MEDICAL CERTIFICATION		
M	W	Ma	rried	20. DATE OF DEATH Qug 28 W 1945 21/1.30 A 1		
7. Birth date of	***************************************		cShorbyei	ars and that I hast saw h		
8. AGE: Yea		Days	If less than one day	Immediate cause of death of temorphase DURATION		
76	Ò	0	hrs,m	in. Decenia / Francis & // Wy		
10. Usual occupation. 11. Industry or busine 12. NameF.O 13. Birthplace 14. Malden name 15. Birthplace	Farme ward Shor Md. Ellen	b Martin	yland State)	Other conditions		
16. IntermentDr.	C.M.Benn	er	***************************************	Autopsy results		
Address Taneytown, Md. 11			atery	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide		
Address	Tanevto	wn .Md.	tomme to	23. SIGNATURE & M. Benney M. D. or other		

Registry Address Tanentrus MI

VS A15

(Date rec'd by registrar)

ect age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corresponding expecially important. Physicians: please write the causes of death clearly and legibly.

BINDING

MARGIN RESERVED



2411 N. Charles St., Baltimore

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U	4	y	7	5	
				5	

......Date signed

CERTIFIC	ATE OF DEATH Reg. Diat. No.
1. PLACE OF BEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or town(If ordiside sity or town limits, write RURAL and give nearest town)	State
How long in above place of death?	City or town
How tong in hospital or institution?	(If rural, give LOCATION) 2.(a) If yeleran, name war.
3. (a) PULL NAME Cornelia Jan Shu	3. (b) Social Security Number
4. Sex 5. Color or tace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D, DATE DF DEATH
6.(b) Name of husband or wife. My 6. Shully	2t. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 7. Birth date of deceased (mo., day, yr.)	and that ! last saw h
8. AGE: Years Myths Days It less than one dayhrs.	min. Usless Scheinses
9. Birthplace	Due to
1D. Usual occupation.	Due to
11. Industry or business 12. Name 13. Birthplace	Dither conditions
	(Include pregnancy within 3 months of death)
14. Malden name y dra Weinble 15. Birthplace	Major fiadiogs of operations
16. Informant Mura Flenn Clouse	Autopsy results
Address - ywwwww ma	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal) Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?(City or town) (County) (State)
Location June - Miles	Injured at home, farm, Industry, public place (where?)
18. Funeral director	means of injury
Address Janlysum, mil	28. SIGNATURE N Aug q
19. ang 24 1945 Margaret Regist (Date red d by registrar)	M. D. or other

MARGIN RESERVED FOR BINDING

AUG 28 1945 BUREAU V. 4

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BL

CERTIFICATE OF DEATH

07916,

CERTITION	Reg. Diat. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, instilution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	2.(a) II Teleran, name wal
3.(a) FULL NAME Fillie J. Smith	3. (b) Social Security Number
female white widow	MEDICAL CERTIFICATION 20. DATE OF DEATH. Cugues 2 3 1945 at 1:00 M
DB.(b) Name of husband or wife Later Evans J. Sunth.	21.7 CERTIFY that death occurred on the date above stated: that attended deceased from
7. Birth date of deceased (mo., day, yr.) May 25 - 1872 8. AGE: Years Months Days If less than one day 73 2 29hrs. min.	and that f last saw h 2 f alive on Cregges 27 1945 Immediate cause of death Orter's pelerate D-Valence Several 4.5.
9. Birthplace Tancock Many Land (Town, county, and state) 10. Usual occupation Language	Due to.
11. Industry or business at home	DUC 10
12. Name Maryland Maryland	Dther conditions
14. Maiden name Mary Williamsi 15. Birthplace Mansland	(Include pregnancy within 3 months of death) Major findings of operations.
16, Informant Mas Viegues Withins	Antopsy results. Date of op.
Address Baltimore, Tud.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: 11 death was due to external causes, fill in the following:
(Burial, eremation, or removal. Which?) Date thereof (month) 4day) (year)	Accident, suicide, or homicide
Cemetery or cremators Allahaman Canada Canad	Where did injury occur?
18. Funeyal director Al Al Herry Jons Andrew Bridge + New Weelson, Md.	Means of Injury injured at work?
19 aug 26 19 45 Margant R. Englan (Date rec'd by registrar)	23. SIGNATURE MA Date signed 25/43

RECUITED

AUG 28 1945

BUREAU V.E.

2411 N. Charles St., Baltimore

07917

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g. Dist	No.	

M i	CERTIFICATE OF DEATH Rog. Dist. No. SO					
information carefully. The cort of death clearly and legibly.	County Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State for tewn for the form of the for				
ormatio death	3.(a) FULL NAME Catherine Myrtle Stone	3. (b) Social Security Number				
rDING em of causes	4. Sex 5. Celor or race 6.(a) Single, married, widewed, er divorced The married married widewed, er divorced The married widewed wid	MEDICAL CERTIFICATION 20. DATE DF DEATH				
FOR solution write	6.(b) Name of husband or wife	and that I last saw held show on the same of the same				
ARGIN RESERVED ADING INK. Supp Physicians: please	9. Birthplace	Due to				
WITH WILL	13. Birthplace Garroll Go. M.d. 14. Malden name Saddie Ch. 15. Birthplace M.d.	(Include pregnancy within 8 months of death) Major findings of operations				
PLAINLY, is especially	18. Informant & Diving Standar Md. Address New Windson Md. 17. Bassian Bate thereof Again & 1945 (Burial, cremation, or removal. Which?)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the fellowing; Accident, sulcide, or hemicide				
VS A16 PLEASE WRITE	Location Washington Durant Co. Md. 18. Funeral director Barsk and Some	(City or town) (County) (State) Injured at heme, farm, Industry, public place (where?) Means of Injury Injured at werk? 23. SIGNATURE M. D. or other				
> 4	19. (Dat/rec'd by registrar) Registrar	Addresde Marielle Mon Date signed 8/6/45				

SEP 5 1945
BUREAU V. 6

1. PLACE OF DEATH:

County.....

City or town...

Carrol

Henryton

VED FOR BINDING

MARGIN RESEE

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PLEASE

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Carroll
City or town Sykesville,
(If ontside city or town limits, write RURAL and give nearest town)
Street No.
(If rurni, give LOCATION)
9 (g) 14 valence many many

Hospital Institut	on, or street	et address where	death occurre	s Sanatori yton, Mary	um Street No Land 2.(a) If y
3. (a) FULL					
			RE	UBEN FRANK	LIN THOMAS
4. Sex	5.	Color or race	6.(a)Sing	le, married, widowed, or divor	ed
male	С	olored		single	20. DATE
6.(b) Name of hu		ſe			21. I CER Oct
7. Birth date of deceased (mo.		May		c) If allve, give age	and that I
8. AGE:	Years	Months	Days	If less than one day	Immediat P
	33	3	20	hrs.	mln.
9. Birthplace		(Town,	county, and	aryland state)	Due to
11. Industry or b		n ma			
12. Name 13. Birthplac	alp.	heus T ykesvi	nomas lle, l	√Id.	Diher con
14. Maiden	nameB	essie oward	Dorse	y	Major fin
		ben Horyton,			Antopsy 1 PHYSICL
(Burini, erem Cemetery or ci Location	remaiory A	abdul abdul avill fild	Date ther Rose	Sept a grant (day)	22. VIOL Accident, Where did injured at Means of
9. Aug (Date rec'd	. 30 hy registra	, 19 45		eputy Loca	Registrar Address

(If outside city or town limits, write RURAL and give nearest town)

3. (b) Social Security Number HOMAS 220-05-8084 MEDICAL CERTIFICATION August 30. 19 45 31 9:30P M 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from October 23, 19 44 to August 30,19 45 DURATION Immediate cause of death Pulmonary Tuberculosis June (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did Injury occur? (City or town) injured at home, farm, industry, public place (where?) Means of Injury

Henryton,



PLEASE WRITE PLAINLY, WITH UNFAUING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B. CERTIFICATE OF DEATH

07919

1.4	
	1 11
_	No. 24
Reg. Dist.	No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Felicish
(If outside city or town limits, write RURAL and give nearest town)	121.0
How long In above place of death? Rysa - 15 Rays	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
mingfield flate Home lal	Street No. (If rural, givo LOCATION)
	2.(a) If veteran, name war
3. (a) FULL NAME SuSAN WALLING	3. (b) Social Security Number
4. Sex 5. Color or racs 6.(a) Single, married, widowed, or divarced	MEDICAL CERTIFICATION
female white single	20. DATE OF DEATH LING 2 1945, at 1000 h. M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(6) Name of husband or wife	July 13 19/2, to level 2 1945
7. Birth date of	and that I last saw har allive on any 2 1945
deceased (mo., day, yr.)	
8. AGE: Years Months Days If less than one day	Immediate cause of death
61hrsmin.	Profession 3 mg
2 0 0 10 10	Maximon square
9. Birthplace (Town, county, and state)	Due to
look be a second	
1D. Usual occupation.	Due to
11. Industry or business	
12. Name	Other conditions I was the strain of the str
13. Birthplace	Aria a
	(Include pregnancy within 3 months of death)
= 14. Maiden name	Major findings of operations.
14. Malden name	Date of op.
4 · / 1	
16. Informant for the weaks	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	
17 Busial Date thereof 8/4/45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory MT Olyset Cities.	Where did injury occur?
Landing of Greeks and	
Location (Manual Control Contr	Injured at home, farm, industry, public place (where?)
18. Funeral director Harry & Cantag	Meens of Injury Injured at work?
Address Frederick, End.	23. SIGNATURE Amold H. Eilet M.D.
19. Mag. 2 19. H.S. C. Glasy Weed	M. D. or other M. D. or other M. D. or other

AUG 9 1945 BUREAU V. S.

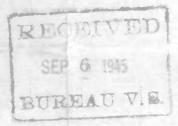
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-0

X	Reg. Dist.	No. 7

CERTIFIC	AIE OF DEATH Reg. Dist. No./
1. PLACE OF DEATH: County Carro III	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbornainfasts give residence of mother)
City or towe (If outside city or town) imperwrite RURAL and give nearest town)	State State County Caron County
low long in above place of death?	City or town
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME ENERTH Dardun	Wareheine 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divosced	MEDICAL CERTIFICATION
me fruit Imgre	20. DATE OF DEATH LUGUST 3 19 47, at 140
i,(b) Name of husband or wife	21. CERTIFY that death occurred on the date above stated; that attended deceased from
Birth date of Seco If alive, eith age	
deceased (mo., day, yr.) McW 4-1890	and that I last saw h
B. AGE: Years Months Days If less than one day	Immediate cause of death J DURATIO
GB U Z7hrs.	min.
Birtholder Vassefistus Cassell Co.	Manuela Carles - a
(Town, county, and atate)	- Vansalas arease habe
10. Usual occupation	
1. Andistry or business StoE Quson	20 -
12 Richard Warshein	Other conditions
13. Birthplace Marie Curade	- Unit continues
500 150 + 1	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations.
15. Birthplace Manyland,	Oate of op.
6. Informant Cart Company	Autopsy results.
Address Junetatro, ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
7 Buriel Date thereof Sept 3/4	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	
Cemetery or crematory Adulpaced	Where did injury occur?
Location Draufisteed Mc	Injured at home, farm, industry, public place (where?)
PIO O DE TOTAL	Means of injury Injured at work?
18. Fuoeral director.	() Pa / 2
Address Hampshad Ma	- 23 SIGNATURE AgawM. answer
10 Jept. 2 1045 Als. W. R. S. Abril	2 A A A T DAS M. D. or other
(Date fee'd by registrar)	strar Address Valle Walled Vice Bate signed 8 11



07921

Date signed.....8-3-45

		CERTIFICA	IE OF DEATH	Reg. Diat. No	74
How long in ebove place Hospital, Institution, or Marylan How Roll Prospid or	roll enryton utside city or town lin of death? 4 street address where d Tubercu Branch, I	mits, write RURAL and give nearest town) months, 11 days eath occurred: losis Sanatorium lenryton, Maryland	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State Maryland Collider of town Baltimore (If outside city or town limit street No. 5609 Woodlook (If rural, give 2.(a) If veteran, name war.	s, write RURAL and give nea	rest town)
3. (a) FULL NAMI		SQUIRE LOUIS WAS	HINGTON	3. (b) Social Security 263-07-78	1/
Male	colored	6.(a) Single, married, widowed, or divorced married	MEDICAL CI	ERTIFICATION 1945	,at 4:30Am
7. Birth date of deceased (mo., day, y 8. AGE: Years 32	Novemb Months 8 Onalsonvi (Town, c	yn Washington 6.(c) if alive, give age years er 22, 1912 Days If less than one day 12 hrs. min. 11e, Georgia ounty, and state)	21. I CERTIFY that death occurred on the date about the second of the date about the second of the date about the second of the	45 to August	3, 19 45
13. Birthplace	Square Wa Newfall,	shington Alabama	Other conditions Pulmonary To		Nov. 19
~	Josephin Alabama		, (Include pregnancy within 3 r		
	aben Heff	man, M.D.	Autopsy results		
(Burial, cremation, Cemetery or cremator	0	Date thereof (month) (day) (year) Lyida E Georgia	22. VIOLENCE: If death was due to esternal cau Accident, suicide, or homicide	Date of	(State)
Aug. 3	3, 10 45	albert R. Swantha	23. SIGNATURE LEAGUELLA 90	M. D. o	r other

Local Registrar Address Henryton, Maryland

MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply is especially important. Physicians: please w VS A15

Aug. 3,

Deputy

y item of information carefully. The che causes of death clearly and legibly.

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AUG 9 1945

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CDING INK. Supply every item of information carefully. The capture of the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF is especially important. VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Julian 1	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Hospital, Institution, or street address where death occurred: How long in hospital or institution?	Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Airoccel	MEDICAL CERTIFICATION 20. DATE DF DEATH 1945 21/0:30 P. M
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 1
8. AGE: Years Months Days It less than one day 4 3 2	DURATION Que to Caucer 7 Color Que to Caucer 7 Color
11. Industry or business Woolen Mills E 12. Name Starter Mills 13. Birthplace E 14. Maiden name & Lissalista M	Other conditions
14. Malden name Ching and The 15. Sirthplace 16. Informant Many Birthplace Address	Major findings of operations
17. Cemetery or crematory 10 10 10 10 10 10 10 10 10 10 10 10 10	22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director La State May Males Maddress	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
19. Aug. 3 19. H5 C. Harry Wells Registrar	23. SIGNATURE M. D. or other Address and all to m. Date signed 1/2/45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Henryton (If outside city or town limits, write RURAL and give nearest town)	State Maryland County
How long in above place of death? 5 mos 23 days	City or town
Hospital, Institution, or street address where death occurred:	Street No. 655 Stirling Street
Maryland Tuberculosis Sahatorium	(If rural, give LOCATION)
Hol Golored In Branch) same as above	2.(a) It veteran, name war
3. (a) FULL NAME JULIA WILSON	3. (b) Social Security Number V
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female colored single	20. DATE DF DEATH August 2 1945 , 5:30 F
6.(b) Name of husband or wife	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 9 19.45 to Aug. 2 19.45
	and that I last saw h.er alive on Aug. 2 19.45
deceased (mo., day, yr.) Dec. 25, 1921	Immediate cause of death
8. AGE: Years Months Days If less than one day 23 7 7hrshrs.	Pulmonary tuberculosis Dec.
9. Girthplace South Carolina	
(Town, county, and state)	Due to
10. Usual occupation Waitress	Rue to
11, Industry or business	pue 10
≝ 12 Name Edmund Wilson	Other conditions.
12. Name Edmund Wilson 13. Birthplace Unknown	
	(Inclode pregnancy within 3 months of death)
14. Maiden name Sarah Howard Unknown	Major findings of operations.
	Date of op
16. Informani Reuben Hoffman, M.D.	Autopsy results
Address Henryton, Md.	
(Burial, cremation, or removal. Which?) Date thereof	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?(City or town) (County) (State)
Location Summerley S.C.	Injured at home, tarm, industry, public place (where?)
18. Funeral director Mrs. Samuel Hemsley	Meens of Injury Injured at work?
Address 578 W. Biddle st.	7) 1 4/02 0-2
101 0 1 11	23. SIGNATURE. Leubeur La Prince M. D. or other
19. Aug. 2 19. 45 Albert Registrar	

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INK. Supply every item of information carefully. The cans: please write the causes of death clearly and legibly. LAINLY, WITH UNF. especially important.

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1		E OF DEATH Reg. Diat. No. 74	
9	1. PLACE OF DEATH: county Carroll City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 month, 5 days Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Maryland How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	/
	3. (a) FULL NAME THOMAS WINSTON 4. Sex 5. Color or race 6. (a) Singlo, married, widowed, or divorced	3.(b) Social Security Number 223-09-8395 MEDICAL CERTIFICATION	_
	male colored single B.(b) Name of husband or wife	2D. DATE DF DEATH August 3, 19 45 at 6:152 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29, 1945 19 to August 3, 19 45 and that I last saw h im alive on August 3, 19 45 Immediate cause of death DURATION Pulmonary Tuberculosis March	5
	31 7 3 hrs. min. 9. Birthplace Richmond, Virginia (Town, county, and state) 10. Usual occupation. Chauffeur 11. Industry or business	Due to	
	12. Name Willie Winston 13. Birthplace Richmond, Va. ### 14. Maiden name Marie Payne 15. Birthplace Richmond, Va.	Other conditions	
	18. Informant Reuben Hoffman, M.D. Address Henryton, Maryland 17. Clarical Control (Buriel, cremation, or removal, Which?) Cemetery or crematory American Maryland Cemetery or crematory Maryland	Antopsy results PHYSICIAN: Ptease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	.0.000
	Location 18. Funeral director Variable Address 78W. Biddle A 19. Aug. 3, 145 (Date rec'd by registrar) 19. Debut V Loca Registrar	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE Lower Mary Land Address Henryton, Mary Land Date signed 8-3-45	



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ADING INK. Supply every item of information carefully. The chysicians: please write the causes of death clearly and legibly.

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CERTIFICATE OF DEATH

Reg. Dist. No. 2H

				4		
1. PLACE OF D	Carro	11		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. (If outside city or town limits, write RURAL and give nearest town)			State Maryland County Howard			
City or town(15	ontside city or town li	mits, write R	URAL and give nearest town)		1 '	
Ware to the state of the	4 yr	, 7 n	10., 19 days	City or town(12 outside city or town lights, w	Eugs)	
How long in above place	or street address where	dash occurred		(It odtside city or town limits, w.	rite KOKAL and give near	rest town)
Snri r	ngfield St	tate t	ingnital	Sireet No		
	EL LULU		OC DI VOL	(If rural, give LO	CATION)	
	or Institution?			2.(a) It veteran, name war		
3. (a) FULL NAM					3. (b) Social Security 1	Number
		Ernest	Woodward			
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CER	TIFICATION	
male	white		single	20. DATE OF DEATH August 26	19.45	1:25p.
				21. I CERTIFY that death occurred on the date above s	tated; that I allended decea	sed trom 6 19 45
7 Right date of		6.(4) It alive, give ageyears	and that I last saw h im alive on Augu	st 26	19 45
deceased (mo., day.	yr.) July 6	, 1890)	Immediate cause of death Cerebral		OURATION
8. AGE: Yea	rs Months	Days	It less than one day			
55	1	20	hrsmin.	hemorrhage	The second secon	
9 Birthniage HOV	ward Coun	ty, Ma	aryland	Oue to		***************************************
10. Usual occupation	laborer		***************************************			
				Oue to		***************************************
11. Industry or busine						
12. Name Will 13. Birthplace	lliam Wood	dward		Psychosis with brain disease, type	n organic	life
13. Birthplace			Ohio	brain disease, type	not decer	illieu
14. Maiden name	Ella Flu	nart		(Include pregnancy within 3 months	ths of death)	
E 14. Maiden name				Major findings of operations	********************************	
₹ 15. Birthplace	Howard Con	unty,	Maryland			
Spi	ringfield	State	Hosp. records	Antopsy results.		
	kesville,			PHYSICIAN: Please anderline the cause to which		statistically.
Address - J -	. /		1 60 10115	-22. VIOLENCE: If death was due to external causes,	fill in the following;	
17.00 Della	on, or removal Which?)	Date there	month) (day) (year)	Accident, suicide, or homicide	Qaie ot	
	Mas V.	. 1/1	month) (day) (year)			
Cemetery or crema	tory of the	VER JA	wag a Calabella of the	Where did injury occur?(City or town)	(County)	(State)
Location	oslar	Vist	ings), mal!	Injured at home, farm, Industry, public place (where	?)	
18. Funeral director	C. 5/a	hry	Eller	Means ot injury	Injured at work?	
Address	Alak	and the	Ve Geed	Hobert Bertrand May	in on	ano
1 0	Company			23. SIGNATURE STORET DOT	wand 1/10	4, 111.5
19. All. 9.	egistrar) 19 H 5	- C.	Flacy Elect	Springfield State H	ospital M.D.	Pomer
(Date rec'd by r	egistrar)		Registrar	Address Sykesville, Mary	land Date signed	8-26-45

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PLEASE WRITE PLAINLY, WITH UNF is especially important.

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2411 N. Charles St., Baltimore (462)

ERTIFICATE OF DEATH

Reg. Dist. No. 72

CERTITICA	TE OF DEATH
1. PLACE OF DEATH: County Of The County of t	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Clasant Valley	State
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospiral, institution, or street address where ceast occupies.	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	. 2.(α) If veleran, name war
Mrs Dannie R. Ying	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowell, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH august 25 19.45 at 11:50
8,(b) Name of husband or wife award to gradue	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	March 1945 to aug 25 194
7. Birth date of	and that I last saw held alive on august 125 195
deceased (mo., day, yr.) fund 14, 1872	Immediate cause of death
8. AGE: Years Months Days It less than one day	Klegerading Colone C
73 2 1/hrsmin.	metastices andonus
2 States and Mr. W.	Que to Wall bull trungs
3. Birthplace	Sleandaryandura
10. Usual occupation Hawley &	Busto Carbekia
11. Industry or business	
	-
12. Name longue	Other conditions
	(Include pregnancy within 3 months of death)
# 14. Maiden nape Marcy aret Servinson	Major findings of operations Ca. Dealessing Cal
14. Maiden name Margaret Slevenson 15. Birthplace	
the Adriand to Umalino	Date of op. June 20
18. Informant	Autopsy results
Address, Melphoninstill Mcd.	
17 Durisl Date thereof and 28,1945	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, eremation, or remoyal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Bulasant alley	Where did injury occur?
Location Bleasant Valley, In Q.	Injured at home, farm, industry, public place (where?)
Location	Means of injury injured at work?
18. Funeral director	· · · · · · · · · · · · · · · · · · ·
Address Danutoun and	11/2/2 (100.1)
. Que 20th 45. Coloist Ren Nex	23. SIGHATURE M. D. or other

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
CountyCarroll			(For newborn infants give residence of mother)		
City or town	ion Bridge	Rural	URAL and give nearest town)	State County County	
How long in above place of death? 50 years			City or town		
	or street address where			Street No. (If rural, give LOCATION)	
(0x00000000000000x00000000000000000000			••••••		
How long in hospital or institution?				2.(a) If veteran, name war	
	William	n Yingl	ing		
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	
M	W		manual ad	D. 11/1 10 70	
IAF	1 44		married	20. DATE DF DEATH	
B.(b) Name of husban	nd or wife Mollie	.Smith	Yingling	21. I CERTUPY that death opening on the date above stated; that Lattended deceased from	
) If alive, give ageyears	19/15, 10 18/1/ (2.19)	
7. Birth date of deceased (mo., day	y, yr.) Jan.2	1265		and that I last saw h. O. Garve on	
8. AGE: Yes		Days	If less than one day	Immediate conse of death DURATION	
	80 6	0/	hrs min.		
		26	1		
9. Birthplace			tate)	Due to	
10. Usual occupationCarpenterandpainter			@.4df-f-@4	Due to	
11. Industry or busin					
Edmund Yingling				Dther conditions	
13. Birthplace Md.				(Include pregnancy within 3 months of death)	
H 14. Malden name Agnes Arntz					
14. Malden nameAgnesArntz				Major findings of uperations.	
				Date of op.	
16. Informant Mollie Smith Yingling				Autopsy results	
Address Union Bridge R# 1			# 1	22. VIOLENCE: If death was due to external causes, fill in the following;	
11			of Aug. 19. 19/5	Accident, suicide, or homicide	
Cemetery or crematory Church of God Cemetery			emetery	Where did injury occur?	
Location Uniontown, Md.				Injured at home, farm, industry, public place (where?)	
18. Funeral director				Means of Injury Injured at work?	
				Of made Jacks	
Address Taneytown, Md			NO.	23. SIGNATURE 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
19. Ching.	registrar) 19 43	1.	achuan	M, D, Septher	
(Date redd by	registrar)		Senute Registrar	Address Date signed	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The content is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 5 1915 BUREAU V.E.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Carroll	state Maryland County
City or town Henryton (If outside city or town limits, write RURAL and give nearest town) 4 month 13 days	Bo 7 + 4 mo mo
How long in above place of death f	City or town. (If outside city or town limits, write RURAL and give nearest town)
Maryland Tuberculosis Sanatorium	street No. 46 S. Stockton Street
Colored Branch, Henryton, Maryland.	(If rural, give LOCATION)
now joing in troopings of the treatment	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
WILLIAM ROBERT YOUNG 4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	218-07-7390
	MEDICAL CERTIFICATION
male colored single	20. DATE OF DEATH August 29, 19 45 at 4.45P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(c) If alive, give ageyears	April 16, 19 45 Aug., 29, 19 45
T. Birth date of deceased (mo., day, yr.) September 24, 1913	and that I last saw h er alive on August 29, 1945
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis 10-7-41
31 11 5hrsmin.	Tulmonary rubbloarobib
9. Birthplece Virginia (Town county and state)	
(Iowi, comity, and state)	Due to
10. Usual occupation. Laborer	Que to
11. Industry or business	Due tu
	Other conditions
12. Name	
트 14. Maiden name Viola Myers	(Include pregnancy within 3 months of death)
TY- 1	Msjor findings of operations
	Date of op.
16. Informant Reuben Hoffman, M. D.	Autopsy results
Address Henryton, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
[Barial, cremation, or remogal, Which?] Date thereof (month) (day) (year)	Accident, suicide, or homicide
Chat Bulance	Where did injury occur?
Cemetery or crematory	
Location	Injured at home, farm, industry, public place (where?) Meens of Injury Injured at work?
18. Funeral director. Mrs.) t gtill (1) William	Meetis of infait
Address 322, n Schrolder St.	16. how Holma m. D
8/29/ 45 (10), 40 & & 1/-	23. SIGNATURE Culler Honorton M.D. or other W.D. or other
19. 8/29/ (Date rec'd by registrar) 19 De puty Local Registrar	Address Henryton, Md Date signed 8/29/45

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

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SEP 1 1945 BUREAU V.S.